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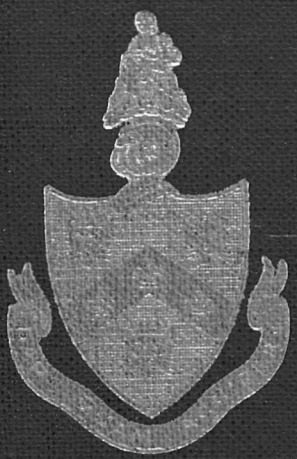

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

THE OPENING OF GUY'S

The first patients were admitted to Guy's Hospital on 6th January 1726 and this year, therefore, commemorates the 250th anniversary of the opening of the Hospital. It is an important historical landmark that merits our attention. The bicentenary celebrations were erroneously held in 1925, just a year too soon, as Wilks and Bettany incorrectly recorded the first admission of patients as taking place on 6th January 1725. This mistake, intelligently discovered by Sir Herbert Eason, was apparently based on the change to the reformed Gregorian calendar which was adopted in 1725; earlier dates were recorded in "Old Style". This meant that January 1724 followed December 1724. Finding the record that Guy was buried on 7th January 1724 after his death on 27th December 1724, Wilks and Bettany concluded that this was an error and altered the date of the burial to 7th January 1725. But they made no similar adjustment for other dates and recorded the admission of the first patients as taking place on 6th January 1725 and not 1726. Thomas Guy was buried one year before the opening of the Hospital. This interval was filled with busy preparations. The probate of his Will had to be obtained and an Act of Parliament establishing the Corporation was passed. The Estate had to be realized and invested in land, the building furnished and equipped, and the staff (medical and administrative) appointed.

Thomas Guy decided to invest his fortune from the South Sea Bubble in the building of his own hospital for incurables, across the road from the original site of St. Thomas' Hospital; work started in 1721. After completion, however, members of the public soon complained to the Committees responsible for admitting and discharg-

ing patients reminding them that Guy's Hospital was founded for incurables and not "short-stay" patients. The Hospital soon became an Almshouse where cripples, "lunatics", the blind and chronically and hopelessly diseased patients, rejected by their families, lived out the end of their days. This was presumably the type of patient Guy had especially wished to help even though (and with great foresight) he expressly made provision for the Governors to use their discretion. His purpose was to :

> "receive and entertain therein four hundred poor persons or upwards labouring under any distempers or disorders, thought capable of relief by physic or surgery, but who, by reason of the small hopes there may be of their cure, or length of time for that purpose may be required or thought necessary, are or may adjudged or called incurable and as such not proper objects to be received into or continued in the present hospital of St. Thomas' or other hospitals . . ."

On 29th October 1725 it was ordered, "That the day for taking in patients into this Hospital be Thursday in every week at eleven o'clock of the forenoon precisely", and a large sub-committee of Governors, headed by the Treasurers, Dr. Mead and Dr. Hulse, was appointed to take charge of the proceedings. On 7th December 1725 it was further resolved "That Thursday 6th day of January next be the first day for taking Patients into this Hospital". The number to be admitted had been initially fixed at 60 and increased on 15th January 1726 to make up 100. On 17th February 1726 it was ordered "That the Committee for taking in Patients do go on gradually to take in Patients weekly as they shall see convenient."

Guy was ahead of his time in many ways by looking to medical advances which would cure these patients and allow them to lead a normal life. His sentiments on the treatment of disease were based on sound commonsense and remarkable perception especially for a layman. His principle concern was for the long-term welfare of the patient. Today this is called rehabilitation. He wanted his Hospital and its Staff not only to treat a diseased patient but also to control the spread of diseases and institute a high standard of medical care. The progress in patient treatment and after-care has removed the label of "incurable" from most of those people for whom our Founder was so concerned. We trust that in this respect his Hospital is evolving in the way he hoped it would.

PETER TILLMAN

We should like to announce the retirement of Peter Tillman from the post of Assistant Editor of the *Gazette*. Peter joined the Editorial Staff in March 1974 as News Editor and was appointed Assistant Editor in April 1975. He edited the *Gazette* during Summer 1975 while the Editor was in the U.S.A. and throughout his long and responsible term of office has been a pillar of strength to the whole *Gazette* staff through experienced counsel and everpresent humour; we shall miss him. The Editorial Staff would like to wish him all the very best of luck in his imminent examinations and for the future.

NEWS IN BRIEF

New Chair in Paediatrics

We should like to congratulate Dr. R. J. Robinson, M.A., D.Phil., M.R.C.P., D.C.H., on his recent appointment as the first Professor in the Department of Paediatrics in Guy's Hospital Medical School. He has been Consultant Paediatrician and Paediatric Neurologist at Guy's. He has been a Fellow in Neurology at the Boston Children's Hospital and Harvard Medical School and Senior Lecturer at the Institute of Child Health.

New Year's Honours List

We should like to congratulate the following on their awards in the New Year's Honours List. Lt.-Col. K. P. Walker, R.A.M.C., O.B.E., for services to the Paratroop Regiment. He was a medical student at Guy's from 1947-1954.

Mr. J. R. Hudson, F.R.C.S., C.B.E., for services to Ophthalmic Surgery at the Moorfields Eye Hospital.

Errata

We should like to apologise to Professor Colin Berry for publishing incorrect details of his post-graduate career in our last issue. He was the Gillson Scholar in Pathology of the Society of Apothecaries and Senior Lecturer in Histopathology in the Institute of Child Health, London, before becoming Reader in Pathology at Guy's Hospital Medical School. We wish him all the best in his new appointment at The London Hospital.

Annual Dental Clinical Day—Saturday, 6th March

Clinical Day this year will be held on Saturday, 6th March, in the new Guy's Tower building. A detailed souvenir programme will be available on the day.

Change of Name

We should like to congratulate Miss M. J. Mackintosh, the District Nursing Officer on her marriage on 1st January. On her return from Annual Leave she wishes to be known as Mrs. Davis.

"Obedience to Authority"

The Medical Association for the Prevention of War will be holding an Open Seminar on "Obedience to Authority" at 6.30 p.m. on Wednesday, 14th January, 1976, at 158, North Gower Street, N.W.1.

CLUBS' UNION NEWS

After a very close fight Tim Palmer was elected as President of the Clubs' Union on 15th January. The votes cast were as follows: Tim Palmer 227, Chris Rowlands 176, with a number of abstentions and spoiled ballot forms. Dave Markwell, the only canditate for Vice-President, polled 325 votes. I think all three candidates should be congratulated on the way they carried out their campaigns although some statements made and facts produced were slightly misguided to say the least.

Tim Palmer has now quite a mammoth task on his shoulders especially as this year is the 250th anniversary of Guy's. He therefore needs a great deal of support which in the past has not always been what it should be as apathy is still a major problem among many students. This problem seems to be disappearing very slowly. Many new clubs are beginning to spring up, e.g. Motoring Club, Quodlibet Society and Badminton Club. Other more established clubs like the Theatre Club are enjoying increasing success. A great deal of this new enthusiasm is due to the preclinical students. This is very gratifying to see, as continuity is imperative.

Guy's Hospital always had a good reputation for providing the Saturday night Hops. Until this term entertainment has always been provided by a "live group". Unfortunately this was getting rather expensive and so we feel we have found a better alternative. We now provide a Disco rather like the "inflams" we run in mid-week. The Cricket Club ran the first of these and it appeared to be very popular indeed. Clubs can provide a group if they feel it is worth while but most of them have decided on the other alternative. This situation will be reviewed at the end of this term.

It was rather interesting to see the extremely poor response to the fire alarm in Wolfson House the other week. Most of the inhabitants either slept through the alarm or gormlessly stared out of their windows as half the South East London Fire Brigade arrived! The people who did manage to arrive downstairs all seemed to have time to get fully dressed, especially the girls (a great personal disappointment). To avoid losing a few students, it is hoped that there will be a better response next time.

If any students are interested in conducting distinguished visitors around the Hospital historical exhibition on 4th to 7th May (the dates of the 250th Anniversary celebrations) please contact either myself or Miss S. Savva (ext. 3484) for further details.

Pete Watkinson.

Guy's Hospital Dental Society

Annual Dental Dinner

to be held at

The Park Lane Hotel

on

Saturday, 6th March
(7.00 for 7.30 p.m.)

Tickets : £6.00 qualified £3.00 unqualified
Available from Miss C. M. Jones
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PATIENCE

Guy's Hospital Gilbert & Sullivan Society

Duthy Hall, 10th, 11th, 12th December, 1975

En route to the Greenwood Theatre, the G. & S. Society, returning from their successes in the octagonal hall of the Scott Lidgett School in Bermondsey, were obliged on this occasion to present "Patience" under the constraints of the Duthy Hall. The orchestra, ably led by Ed Shillitoe maintained a high standard of playing throughout and the delightful chorus of love-sick maidens were something to look forward to each time they appeared. Under the musical direction of Nicholas Bathurst both they and the soloists gave the very well regulated performances which are an essential feature of this particular work. Under the direction of producer Stephen Taylor, the story of Bunthorne (a fleshy poet) and Grosvenor (an idyllic poet) and their amorous attentions towards the village milkmaid, Patience, was unfolded with a number of happy surprises and novel ideas, none of which detracted from the spirit of the story.

The Society has many loyal members and it is always a pleasure to see both its established and its newer members taking the solo rôles. Patience was played with great skill by Mary Jones, who brought a wholly credible innocence to the role; her clarity of diction when both speaking and singing was a great joy. The dynamic duo of Sean Tighe and Chris Allen were back in action again, the former as Bunthorne and the lattter as Grosvenor. Both gave the creditable performances which we have come to anticipate.

This story brings together the Dragoon Guards and the love-sick maidens, and the leaders of each group also gave engrossing performances. Stuart Bull was most satisfactory as an ageing Colonel Calverley and Nicholas Surridge performed well as Major Murgatroyd. The male trio was completed by a new member of the Society, Adam Skinner, whose fine tenor voice was put to good effect and whose dramatic presence bodes well for future productions.

The three senior rapturous maidens were sympathetically performed by Julia Styles (Lady Angela), Jane Owen (Lady Saphir) and Caroline Munday (Lady Ella). Their plain colleague, the scheming Lady Jane, was given a splendid rendering by Sarah Janikoum. The effective stage settings were fabricated under the direction of Mike Selley, who also made a brief cameo appearance as Bunthorne's solicitor, and the lights were induced to great effect by Bill Beare. The whole performance was yet another worthy notch in the growing record of this re-formed and re-constituted Guy's Society.

David Brown.

POEM

GUY'S AT BAY

The Filth and Unkempt State of the Park,
Well!—it still will be the same in the dark.
Yet—"Fear not till Hazlewood do come to Dunsinane."
For a scabbord sword ne'er cut the same
When you pass it over to a new Management's name.
Till famine cling thee, if thy speech be sooth, for it is the same.
G.A.D.! H-ast all the Cawdor gone from that tongue,
That roared sickle sharp and hammer rung?
The voice, New Statesman propped, unproffered then at No. 5.
"Doc" knew how to change the World's face—yet still the Park died.
There then, in Sherwood Park, where Prof. Fenn ploughed up the grass,
Despair was a laugh, when you had to fall very fast
At Sandrock corner to miss the Stuker's scream and higher picked
That black object falling from the plane; a nasty trick.
"Doc" was there, with a Tunbridge Wells nose, quite unexposed,
With burnt cordite smells, lumps of soil on cloth, that left an odd twitching of the toes.
Despair, Filthy Park for others to disembark?
It must be the Prof-Ship, on a Sussex sea, that has made it's mark.
God! in No. 5. Sandrock Rd. days, Untower Block backed,
Young "Doc" would have raised a flag, half expecting to be sacked.
The magnetism of his voice would have risen in a hundred students Throats,
The vast trumpet to blast a call for the shedding of all white coats.
A Holocaust Army would then have roared into the Park,
To knock the Wombles aside, in the enthusiasm of their task.
Age does terrible things, I am told, to those trails down the brain.
Guy's as "ONE" of the best Hospitals in the World!!
GAD! H-aving to fight to keep, to keep Guy's fame alight "aporlds".
All of us, like me, then have every reason to know
Shall I shout for Tony Earl, Micky Coats, Ianto Jones, the
Rotton Two, George Hass, Derek Jones, not the few the many.
To stand with you atop the Tower Block in the Dark,
Where we cannot see the Air-Raid Shelters in the Park,
For all of us to beat Heathrow's jet-plane roar,
To shout "Guy's Hospital" "Guy's Hospital" "Guy's Hospital" and pour
Between the stars, and watch the Moon's nodding head.
Guy's Hospital is the **best Hospital** in the Universe.
Deny Thrice me this, before the Cock Crows twice, if you dare.

Bruce Macbeth Wotton.

P.S. What-Ho! Cus, how goes the night . . . "Hellish dark and smells of cheese."

SODIUM VALPROATE —

A New Anticonvulsant

Review of a symposium on sodium valproate (epilim) at Nottingham University, 23rd-24th September, 1975, organised on behalf of Reckitt-Labaz.

by Dr. R. A. C. Hughes

Advances in pharmacology are slowly eroding the hard core of "untreatable" neurological disease. The past ten years have seen the introduction of levodopa and then levodopa with dopa decarboxylase inhibitors for Parkinson's Disease, clonazepam for some forms of myoclonus, tetrabenazine for chorea, and baclofen for spasticity. The control of epilepsy has been advanced by the introduction of phenobarbitone in 1912, phenytoin in 1938 and ethosuximide in 1958. A succession of other anticonvulsants have been introduced with relatively little impact on the management of epilepsy. A new compound, sodium valproate, was demonstrated to have anticonvulsant activity in France in 1963 and was recently released for use in this country by Reckitt-Labaz under the trade name Epilim. The results presented at a recent symposium organised on behalf of the manufacturers indicate that sodium valproate is an effective anticonvulsant whose properties deserve wider attention.

Sodium valproate is a simple molecule unrelated to any of the known anticonvulsants with the structure

$$\begin{matrix} CH_3(CH_2)_2 \\ CH_3(CH_2)_2 \end{matrix} \!\!\diagdown\!\!\diagup\!\! CH\text{-}CHOONa.$$

Doses vastly higher than those which are used in clinical practice raise γ-amino-butyric acid (GABA) concentrations in the cerebrum and cerebellum, probably by inhibiting GABA transaminase or other enzymes involved in the conversion of GABA into succinic acid. GABA is an inhibitory transmitter and might have an anticonvulsant effect. Since, however, this rise in GABA only occurs with vast doses, it may not be relevant to the therapeutic action of sodium valproate. The answer to the pharmacological action of sodium valproate is unlikely to lie in massive changes of GABA in chunks of nervous tissue, but more likely to involve a subtle change in the distribution of GABA or other compounds at the synapse. It has been suggested that sodium valproate may block the reuptake of GABA into the presynaptic terminal.

Sodium valproate, like phenytoin and to a lesser extent phenobarbitone, is very strongly protein bound. In plasma 90 per cent is bound to albumen. At high doses it competes for the same binding sites as phenytoin and phenobarbitone. It has a plasma half-life of about eight hours suggesting the need for thrice-daily dosage, but nevertheless some clinicians have been satisfied with a twice-daily administration schedule.

If the patient is already on phenobarbitone the addition of sodium valproate causes an increase in the phenobarbitone blood level of about 25 per cent. If the patient is on phenytoin there is little change or a slight reduction in phenytoin blood levels, but preliminary animal studies suggest that there is a paradoxical rise in phenytoin levels in the brain.

Scientific verification of the anticonvulsant properties of sodium valproate has been painfully slow appearing. Experimental studies have shown anticonvulsant effects on electrically and chemically induced seizures in mice. Double-blind controlled trials of treatment in epilepsy are bedevilled by many factors particularly the characteristic but enigmatic fluctuations in fit frequency. Nevertheless one well controlled double-blind crossover trial of sodium valproate versus placebo in a group of institutionalised patients with severe epilepsy demonstrated a significant reduction in fit frequency. A similar but smaller study on the continent had been published in 1969.

If all the uncontrolled trials discussed at the symposium are lumped together, rather less than a third of those with focal attacks (excluding temporal lobe), a third of those with temporal lobe epilepsy, half of those with primary grand mal epilepsy and more than three quarters of those with petit mal had a reduction in fit frequency by 75 per cent or more. The results tended to be better in younger people, but worse in those with generalised brain damage. The trials were conducted on patients with severe epilepsy resistant to other anticonvulsants. Nevertheless these results almost certainly over-estimate the usefulness of the drug because the uncontrolled design makes no allowance for powerful placebo effects both of the new drug and the intensified medical attendance which accompanies a trial. It could be cogently argued that all patients with chronic disease should be in therapeutic trials all the time to take full advantage of this placebo effect! It is not clear from any of the trials to what extent the improvement in fit control is caused by the anticonvulsant properties of sodium valproate itself or by the accompanying rise in phenobarbitone levels in the blood and possible rise in phenytoin in the brain.

As with all new drugs, the incidence of side-effects is said to be small but judgment on this question and the desperately important and difficult problem of teratogenicity must be reserved. The drug has been released with the warning that it has been shown to be teratogenic in animals. Very few women in this country have been taking this drug during pregnancy, and the data on their offspring are inadequate. Many more women on the continent have presumably had pregnancies while taking the drug, but unfortunately statistical data on the incidence of fetal abnormalities are not available. With the memory of thalidomide, few clinicians will be happy to allow their female patients to take sodium valproate at a time of pregnancy risk or during pregnancy until this point has been clarified. Gastrointestinal upsets have been reported in about 10 per cent—and drowsiness in 5 per cent—of patients on the drug. Temporary partial

loss of hair from the head has been reported in about 1 per cent. Other side-effects including thrombocytopenia have been reported but no definite causal relationship with sodium valproate has been established.

It is too early to judge the ultimate place of sodium valproate in the neurological armamentarium. There is sufficient evidence for optimism that the drug will play a significant part in controlling some forms of epilepsy, particularly petit mal. It would seem wise to wait for longer experience of its side-effects, clarification of its teratogenic properties and reduction in price before using it as a front rank anticonvulsant. Where control with existing anticonvulsants is inadequate despite satisfactory dosage, sodium valproate is well worth a trial. The arrival of effective new drugs and gas chromatograph techniques for measuring anticonvulsant blood levels represent real advances in the management of epilepsy and relief for an extra group of patients who can be better controlled.

Full proceedings of this Symposium will be published by Medical Congresses and Symposia Consultants and will be available on application to: Reckitt and Colman Pharmaceutical Division, Dansom Lane, Hull, HU8 7DS.

NOTICES

HOCKEY

The Annual Past vs. Present Hockey match will take place at H.O.P. at 2.30 p.m. on Sunday, 7th March, 1976. Would anyone interested in playing please contact: Mr. S. Avrill, Department of Periodontology and Preventive Dentistry, Floor 21, Guy's Tower, Guy's Hospital, London, S.E.1.

Snack lunches will be available at the ground before the match.

Mike Selley.

CHRISTIAN UNION DIARY

The following Christian Union meetings have been arranged for February and March.

February 3rd—"100% Proof"—John Mortimer.
February 10th, 17th, 24th—"You can't play with God".
March 10th—"Prayer".
March 17th—"Bible Study".
March 24th—"Fullness"—John Aldis.

THE CLINICAL DENTAL COURSE AT GUY'S

The Results of the Survey of Students and Graduates in May, 1975

PART II

The Lecture Courses

The students were asked to rate the lectures and allied classes "good", "adequate" or "poor" in respect of their content, clarity (the manner of presentation and the audibility of the lecturer), the rapport the lecturer achieved with the class and his or her use of visual aids.

Dental Materials

Twenty-five per cent of the graduates, 31% of the third and fourth years, 37% of the second year and 55% of the first year rated the content of the lectures as "good". A similar shift was seen in the "good" ratings for "clarity" (8%, 31%, 40% and 65% respectively); for "rapport with class" (5%, 30%, 63% and 74%) and for the use of visual aids (12%, 22%, 60% and 73%).

This is one instance where a trend in the ratings reflects a change in the course which can now be considered "good".

Pathology and Bacteriology

There is a sufficiently marked difference between the ratings given by the senior group (third and fourth year students and graduates) and those of the juniors (first and second years), that the raw figures for each have been pooled. The content of the lectures was rated good by 60% of the seniors but only 35% of the juniors. The "good" ratings for "clarity" are 49% and 17% respectively; for "rapport with class" 36% and 23% and the visual aids 45% and 28%. There is a proportional increase in the numbers rating the course "poor" in the junior group. 28% of the seniors rate the practicals as "good", and 23% as "poor"; the corresponding figures for the junior group are 5% and 60%. The same trend, although less marked, as seen in the assessment of the tutorials and in rating the course as a preparation for the professional examination. The written-up comments support the impression of a worsening of the organization, staffing and co-ordination of the teaching between 1972 and 1973. These findings suggest that the course should be reviewed.

Medicine and Surgery

The students' assessment of the lectures was very uneven. Content was rated "good" by 36% of the graduates, 32% of the third and fourth years, 10% of the second year and 61% of the first year. 46% of the graduates and 49% of the third and fourth years rated the content of the lectures adequate as did 39% of the second year and 34% of the first year. Content was rated poor by 19% of the seniors (both groups), 51% of the second year and 5% of the first year. This pattern, with the second year giving markedly poorer ratings, is seen in respect of all questions on the lectures. It does not occur in relation to the ward rounds where there is a progressive increase in the "good" rating for both the teaching and the material presented from the graduates to the first year. 67% of the graduates thought they had had too few ward rounds, 64% of the first year thought the number about right, 52% of the third and fourth year group claimed they attended ward rounds regularly as opposed to 90% of the first year. Of those admitting to less than regular attendance, a majority (78% overall) stated that their absenteeism was due to the inconvenience of classes in the early evening.

It is clear from the written-in comments that Surgery Lectures do not take their allotted time. It is equally clear that the galling tendency of some clinical teachers to make dental students feel "second class citizens" is becomming less common.

On the basis of the single improvement in the ratings given by the first year students, we conclude that the Medicine and Surgery Lectures improved in 1974-1975 after a difficult year in 1973-1974. We also conclude that the ward rounds have improved in the last two years, both in respect of the teaching given and in the number provided. The timetabling problem remains.

Pharmacology

The ratings given the Pharmacology Lectures also show a shift. 51% of the graduates and 64% of the third and fourth year students rated the content poor, the numbers drop to 41% and 16% in the second and first years. There was a proportionate increase in the "good" rating (from 16% to 38%). The assessment of clarity, rapport with class and visual aids follow the same pattern. A large majority, 65% of all but the first year, considered that there were too few tutorials, 72% of the first year did not know. The graduates and third and fourth years were fairly evenly divided as to whether the tutorials were well-timed or not in relation to the examination (31% and 43% said "yes", 39% and 14% "don't know" and 29% and 43% said "no") but 60% of the second year thought they were poorly timed. The course is generally rated a poor preparation for the professional examination (65% overall). The first year who had not taken the examination at the time of the survey rated it adequate (56%). The written-in comments not only amplify the general dissatisfaction with the use of visual aids (rated generally "poor" by 71% overall) but also suggest that tutorials should be given throughout the course.

It is perhaps significant that the students also suggested that (a) a greater emphasis be placed on Therapeutics and (b) that Pharmacology be included in the preclinical (2nd B.D.S.) course and so related to Physiology and Biochemistry. We understand that the University is considering proposals to separate Pharmacology and Therapeutics both in terms of their syllabus and timing: the former to be "advanced" if possible into the preclinical year and a greater emphasis to be placed on Therapeutics later in the course. Agreeing and implementing a major revision of the course at the University level will inevitably take time but some internal adjustment of both the lecture course and the timing and numbers of tutorials should be considered in the interim.

The Caries Course

This was generally well received but the graduates rated it better, as measured by the percentage assessing each factor as "good" or "average", than did the third or fourth year students. For example 64% of the graduates thought the content good as opposed to 43% of the senior students.

Comments were not invited but subsequent enquiry has elicited that the worsening response may be due in part to some lack of co-ordination between the team of lecturers and the fact that they repeated material presented elsewhere.

Oral Pathology

The students considered the lectures satisfactory in all respects since, overall, they were given a "good-average" rating of about 90%. The students rated the co-ordination of the lecture course and clinics average-poor (79%) and the usefulness of the practical classes was seen as limited (77% average-poor). Asked to indicate when the lectures should be held, the students did not offer an unequivocal answer but a greater number (43% overall) favoured "early in 3rd year" as opposed to after General Pathology (31%) or "late in the 3rd year" (25%).

The written-in comments emphasize the poor co-ordination of lectures and clinics. They also complained of an "unfair clash with Casualty" in the timing of classes.

We recommend that the timetabling of this course be reconsidered to improve both its co-ordination with the clinics and to avoid clashes with the demands of the Rotating appointments.

The Radiology Course

Poor to adequate ratings were given for these classes; 83% overall rated the content "adequate-poor", 91% the clarity, 92% the explanation of the theoretical basis, 92% the rapport with the class, 82% the demonstration of clinical material and the use of visual aids and 95% the correlation with the students' practical experience. Although we gather that this assessment can be attributed to the form of the classes, subsequent enquiring has elicited

that it might also be explained by the time made available for the subject and the time at which the course is given. Students have commented to the effect that classes in basic radiology should be held at the beginning of the Phantom Head course or in the Half-Time Period.

Oral Surgery

The content and clarity of oral surgery lectures was rated "good-average" by more than 80%. "Rapport with class" was rated average by 54% and the visual aids adequate by 52%. 55% considered the timing of the course adequate in relation to their professional experience.

The Students Attitude to Lectures

A large majority of students (74-90%) thought that they should attend lectures but most (67-78%) did not think they should be compulsory. Asked if their attendance has been regular, a much higher percentage of the first year (65%) and the graduates (75%) said "yes" than of the two middle groups (39% and 41%). Overall 127 students stated that their attendance was less than regular and 125 of these justified their answer by stating that the times of the lectures conflicted with their clinical work.

Whether or not such conflicts *should* occur, it is clear that they do. No student should be faced with a choice of either completing work on a patient or of attending a lecture. Lectures are given because students must be introduced to certain basic information. Failing to attend at all or arriving late militates against adequate learning and good teaching. It is clear that they would suport a move to create either a "fixed academic session" each week (82% overall) or always to have lectures at 9.30 a.m. (50% in favour).

"Rapport with class" is difficult to measure and difficult to achieve without experience but the lecturer has a fundamental obligation to present the material as clearly and as vividly as possible. It is inevitable that there will be no uniformity of lecturing ability within the academic staff but it should not be impossible both to achieve a reasonably defined syllabus and to adjust the teaching time to meet that requirement.

The Committee Recommend :

(1) That as a matter of urgency the times of lectures should be revised to avoid clashes between clinical sessions and academic teaching,

(2) That the content and timing of each course, in particular Pathology and Bacteriology, Pharmacology and Radiology should be considered in relation to the knowledge required at that particular stage.

The Clinical Courses

When the students enter the first clinical year, half begin their clinical training in Prosthetics, the other half in the Phantom Head Class. The groups are then reversed. This preparatory period is followed by the "Half-time Period" in which the students gain basic clinical experience in both fields.

Prosthetics

The survey reports a dichotomy between the supervision and teaching in the laboratory (80% and overall rating both "good") and in the clinic (17% and 14% overall rating supervision and teaching respectively as "good"). This difference persists into the half-time period where both the content and standard of the academic teaching were rated "good" by the 14% overall, "average" by 45% and 48% overall and "poor" by 41% and 38% overall respectively. The students rated the correlation achieved between their clinical work on patients, their practical work and the theory taught, as generally average. When asked whether they saw an adequate range of clinical material, 39% stated "yes" and 54% "no". The numbers of patients seen was rated "about right" by 40% and "too few" by 55% overall. 81% of those answering the questionnaire, excluding the first year, consider that they spent too much time in the laboratory as compared with the clinic.

There is very little academic teaching of Prosthetics early in the course. This might in part, explain the findings cited. 83% of all students and graduates considered that lectures and tutorials, on the theory and practice of Prosthetics would be useful and this would be supported by the Committee. Such classes could improve the inadequate correlation of theory and practice reported. The other main factor contributing to the poor ratings for clinical supervision and academic teaching must be the availability and attitude of the staff. As this problem is by no means confined to Prosthetics, it is discussed below.

The balance of time spent by students in the laboratory as opposed to the clinic should be reviewed. The written-in comments indicate that not only is the technical course itself too long but thereafter the ratio of practical as opposed to clinical work is unfavourable. Many students would like to treat more patients themselves and also to see a wider range of Prosthetic Dentistry demonstrated to them.

The conflict between the demands of academic dentistry and the exigencies of National Health Service practice is a recurring theme in the comments of both students and graduates. However, one point raised by many should be considered. Namely the absence of any continuing experience of Prosthetics between the professional examination and graduation. If, as recommended below, a new emphasis were to be placed on the completion of patient treatment and this had to include necessary prosthetics, the problem could be resolved.

The Committee recommend:

(1) That academic teaching in Prosthetics should be initiated at the beginning of the course.

(2) That students should be actively encouraged to continue prosthetic treatment through to graduation.

(3) That the balance between laboratory and clinical work should be reviewed.

Conservation

The students consider the teaching of the Phantom Head Course as "good" (47% overall) or "average" (44%) but they rate the supervision as "average" (41%) or "poor" (43% overall). Sixty-five per cent overall would like a supervisor present throughout. Asked how they rated the course as a preparation for clinical conservation, 22% replied "good", 54% "adequate" and 24% "poor". A small majority (54% overall) did not think their work was disrupted by attending classes in other subjects. A similar situation as reported for Prosthetics emerges in the ratings given for the half-time period in Conservation. Chairside teaching was rated as "good" by 9%, "adequate" by 26% and poor by 65%. Similarly supervision in the conservation room was rated as "good" by only 4%, "adequate" by 32% and "poor" by 64%. However, the majority (61% overall) considered that they saw an adequate range of patients and 86% an adequate *number*. The senior students and graduates rated the Revision Lectures as generally average in both content (24% "good", 55% "adequate", 21% "poor") and presentation (17% "good", 55% "adequate", 29% "poor"). A majority of those answering the questionnaire (ranging from 85% of the first year to 53% of the graduates, giving 61% overall) considered that lectures in the theory and application of Conservation would be useful; this majority rises to 79% in favour of tutorials. Asked when such classes should be given, 58% favoured "early in the Half-Time Period", with 31% favouring "during the Phantom Head Course" and 11% "later".

Theoretical teaching of a practical subject is not easy to institute but lectures in the principles of conservation are obviously wanted by the students. There is also some feeling that they should be given more information on both history-taking and patient management before entering the conservation room as well as on the various administrative procedures associated with the running of the department.

The Committee recommend:

That consideration should be given to an increased emphasis on the theoretical basis of this subject early in the course.

The rest of this paper will be published in subsequent editions of the *Gazette*.

The Other Side of the Fence

I spent the elective appointment at the end of my first clinical year at St. Luke's Hospital, Milwaukee, Wisconsin. A colleague, recently returned, told me what a splendid place it was and how much I would enjoy it. My subsequent application was treated cordially; I was accepted, offered free board and accommodation and paid the not unprincely sum of $125 per month. My journey was unremarkable except for an unexpected meeting with a fellow Bermondseite (at the Port Authority Greyhound Bus Terminal in New York) with whom I travelled to Chicago. After a quick connection I soon found myself exhausted but intact at the Residents' House opposite the Hospital. The diverse, international crew comprised one pathologist and a surgeon from India, another surgeon from Nicaragua, a pathologist from Pakistan and an obese, charming medical student from Madrid; we all got on famously! Married Residents were provided with beautifully furnished apartments and I was told that most American hospitals consider it necessary to offer such amenities to attract the best house staff.

St. Luke's, rebuilt in 1967, is a private hospital of about 400 beds on the South side of town, notable mainly as the large German-Polish sector. It is a beautifully modern institution architecturally far removed even from the new look of Guy's.

There were no long 26-bedded wards but only rooms for one or two at the most, all with colour T.V. and private bathroom. The bedside tables were stacked with press buttons for various services, as indeed were the beds themselves, which could be tilted, raised, angled and probably, although I never witnessed it, propelled down the corridor by the occupant. There was an annoying but useful "paging" service, constantly summoning doctors to the telephone as if they were being called in from a boating lake. I can still hear the oppressive strains of Emily, the post-menopausal Polish operator chanting, "Duckta Adam K. Witz, 5039". His name was actually Adamcawicz but Emily had the knack of making it sound like two or three words.

I kicked off with a month of midwifery which they inelegantly call OB-GYN (each letter pronounced separately). I volunteered (rather foolishly and against my normally easy going approach) to do alternate nights on call, followed by ten hours on duty. After 32 deliveries (including four caesarean sections and two occipito-posterior presentations) I had had enough. Of course much of it was good fun, but the seemingly interminable hanging around did not suit my temperament.

"But you should understand, Clive," one of the consultants said, "This is what it's all about; slow, slow, quick-quick slow." The quick I found interesting—the slow I found slow. Only one of the 20 or so consultants routinely induced his patients. Active management of labour was considered hazardous since the majority of the St.

Luke's obstetricians believed that one could never be absolutely sure of the mother's exact dates.

"You English Guys are lucky," one attending (consultant) exclaimed. "If you had a potential million dollar law suite hanging over your head like a guillotine, you too would think twice about induction. In any case, mother nature has been doing O.K. until now!"

"How much malpractice insurance do you have to pay?" I asked.

"Well, OB-GYN is in the high-risk-class group I with the anaesthesiologists and orthopods. I pay $15,000, but many have to pay $25,000 a year. A young friend of mine who had set his heart on obstetrics had to give it all up because he could not afford the insurance. He now works for a V.A. (Veterans Administration) hospital, where his insurance is paid for him. You should remember that the OB-GYN can be held responsible for any problem possibly related to birth, until the patient reaches the age of 21."

"It's enough to make you want to switch to dermatology," I added. The insurance premiums have risen so sharply in the last two years that many states have been thinking about concerted political lobbying in an attempt to get insurance fees reduced. The whole problem creates a paranoid state, and several critical residents disparagingly and somewhat unsympathetically label their chiefs as "practising malpractice". The doctors can only ask a "set" price for each operation and some do "package deals" for their patients. For example, ante-natal care, confinement and follow-up are sold at a lump sum. Many patients told me that they "shop around" and ask the advice of friends when choosing their obstetrician. I found Americans very friendly and grateful—naturally, when parents are given a "gift-wrapped" baby to take home! I liked the custom of the proud father distributing polythene-wrapped 5-cent cigars to his friends and the obstetrician. Printed on them was "It's a Boy!" of "It's a Girl!" in blue and pink respectively. (I left a whole drawer full of these in my room when I left Milwaukee).

The obstetricians, like the majority of doctors whom I met, worked very hard indeed. They had at least a 12-hour day starting at 7 a.m. They had the assistance of one obstetric resident, who combined this part-time duty with his Family Practice Clinics. The consultants, therefore, had to do their own deliveries themselves. When out of the Hospital, most of them carried one-way radios in their belts to receive relayed messages from a central commercial company. It seemed that nearly every delivery was a rush. The midwives who were allowed to check the patients and fit fetal monitors, were most reluctant to deliver the babies. This may possibly be due to their lack of formal training in midwifery and also to the patient-doctor "contract". The patients naturally expected the obstetrician to be on stage for the last act, as did the expectant fathers who were invariably present at the birth. Even in the U.S.A. babies are no respecters of the time of day, and so obstetricians, anticipating

an imminent delivery in the early hours, usually stayed overnight in the plush doctors' rooms across the hall from the labour ward. Paged when the cervix was fully dilated, they then rushed to get scrubbed as the excited mother-to-be was wheeled rapidly from her bedroom in the obstetric ward to one of the two delivery rooms, where minor gynaecological operations were also performed. In retrospect, I feel surprised that there were no mishaps in spite of the many close calls. The standard of obstetricians ranged from good to not so good. There was one who did routine manual removal of the placenta as he proudly professed, "Then I **know** that I haven't left anything inside." I secretly pitied the poor girls; he has enormous hands !

St. Luke's is a hospital respected the world over for its high reputation as a cardiac surgery centre. Indeed, it boasts the names of Lepley, Johnson, Flemma and at least half a dozen other well-known cardiovascular surgeons. As one would expect, the closely integrated cardiology department is similarly superb. I had the privilege in working with Dr. David Friedberg, F.R.C.P., Professor of Medicine at the Medical College of Wisconsin. Dr. Friedberg, who qualified in Johannesburg and spent several post-graduate years in England, is a firm believer in English medical training and practice. The Americans seem to be very keen on a multitude of investigations upon which they often base their diagnosis. The "work-up" for most patients was, quite frankly, astounding. St. Luke's is not yet an undergraduate teaching institution. This and malpractice phobia may, in part, account for apparently excessive patient screening. The tests were done quickly and efficiently and it was reassuring to know that the lab-people were pleased to help and not complain of overwork.

The cardiology facilities at St. Luke's were most impressive. Newer catheterization facilities were being built while I was there and other specialized diagnostic instruments were regarded as essential rather than a luxury. There was an "intensive" coronary care ward of about 20 beds for the first 48 post-operative hours and a much larger "intermediate" coronary care ward to which patients were later transferred. Both units had the most up-to-date equipment. The nurses who had been specially trained in coronary care, could operate and interpret the central cardiac monitors at the nursing station, which also had close-circuit television screens which enabled them to watch the patients constantly. Registered nurses have completed a three-year university degree course followed by a registration year. They wore white trouser suits (no hats or aprons) and had gaily coloured stethescopes draped around their necks. Registered nurses earn about $12,000 per year and feel it their duty to advise the doctors on matters of treatment for the specific patients under their care. On the whole they struck me as being very professional and intelligent.

Patients come from all over the world for coronary bypass. There was a high patient turnover as they were usually ambulant

two days post-op. and homeward bound about ten days after the operation. I still break into a sweat when I recall standing in the operating room where Dr. Auer was performing a bypass. It was 7.30 a.m. and suddenly and unexpectedly he invited me to sew on a saphenous vein graft. Whether or not he realized my true professional status, I decided to take my future in both hands (as I then saw it through two weary eyes still photophobic from the previous evening's excesses). I somehow managed to put in some continuous stitches where I believed they belonged ! Dr. Auer and the rest of the busy team seemed satisfied with my modest efforts as they hummed along to the canned music and completed the two-hour procedure. Incidentally, I waved goodbye to the grateful and fit patient a couple of weeks later. I was also very fortunate in attending a three-day coronary bypass symposium sponsored by the Wisconsin and American Heart Association, attended by approximately 350 cardiologists and cardiovascular surgeons from all over the U.S. and Montreal. It was a highly enjoyable and instructive event staged with the style and efficiency I had come to expect from the American doctors.

I found the whole elective a thoroughly rewarding experience. It gave me a taste of medicine quite different from anything I have previously experienced. As a student I am left with an impression of merits and faults both here and in the U.S.A. Perhaps some compromises could produce medical standards better than either and equal to any in the world.

Clive E. Handler.

NOTICE

250th ANNIVERSARY OF GUY'S HOSPITAL

The *Gazette* Committee has been invited by the organizers of the 250th Anniversary Celebrations to publish a commemorative issue of the *Gazette*. It is hoped that this will record the events taking place at Guy's during May and also contain a miscellany of articles of contemporary and historical interest. The Editor welcomes contributions for this special edition and copy should be sent to him by 1st April to the *Gazette* Office, 16 St. Thomas' Street, London, S.E.1.

"THE EVELINA"

by P. R. Evans

Evelina was a London Rothschild, sister of the first Lord Rothschild. She married her cousin, Baron Leopold de Rothschild of the Vienna branch in 1865. Leopold's mother had been an English Rothschild too and he had always wanted to live in England. His father had no objection so Leopold went up to Cambridge with his friend, Edward, Prince of Wales.

In December 1866, Baroness Evelina was involved in a railway accident. She went into premature labour and died, along with her child.

Baron Ferdinand decided to found a lying-in hospital in her memory. He consulted Dr. Arthur Farre who was Physician to the Princess of Wales (and one may guess to her sister, the Empress of Russia, who became a regular subscriber to the hospital) and who had been called in at Evelina's accouchement. In those days obstetricians were physicians, not surgeons. Dr. Farre advised Baron Ferdinand that there was greater need of a new children's hospital than of a maternity hospital.

Why was the site in Southwark chosen? It was among the worst slums in London, one good reason. But Evelina with her mother had been in the habit of visiting "a certain London hospital". Was it Guy's, just down the river, or Farre's own hospital at King's College, just across the river? We do not know, but the awkward site was bought for £10,000, and the Baron promised to put up a lying-in hospital on it at a cost of a further £10,000.

However, it became a "model" children's hospital, planned by the architect, Marsh Nelson, with Farre's advice. It was calculated to hold 100 beds but was opened with 30. (It reached 76 in 1903 and stuck there.) Charlotte Ward was reserved for Jewish children and there was a special kitchen for them in the basement. It was "the only hospital in London to admit whooping cough" but even in 1947 when I first went there it had no isolation cubicles; we converted a small ward into five cubicles but at first had no washbasins in them because there was not enough money. Later on, an eight-bed tuberculosis ward was divided into eight cubicles, after tuberculosis disappeared.

From the beginning it had a distinguished medical staff including a future P.R.C.P. and a future P.R.C.S. The first medical report (1885) records that in 380 operations performed by the surgeons, there were only three deaths, of which one was due to measles and one to tuberculous meningitis. This was in the days of rag and bottle anaesthesia, no biochemistry, no intravenous therapy, no antibiotics. Not all operations were done by "the surgeons" : of four tracheostomies (for diphtheria) done by residents, three patients died. Much of the operating was for tuberculosis, some excisions but mostly

incisions, perhaps with curettage. As well as whooping cough and diphtheria, typhoid fevers, tabes mesenterica, strumous cystitis and starvation were common disorders. The death rate declined from 22 per cent to 0.6 per cent between 1885 and 1968, and the duration of stay from forty-one days to nine days—the latter figure owing something to R. S. Lawrie's pioneer treatment of hernia, hydrocele etc. as "day cases".

The same period saw a decline in outpatient attendances from an average of 145 to about 45 daily, but one of the glories of the Evelina has been its ever-open door to Casualty, no doctor's letter required. This may be old-fashioned since children gained access to their doctors free of charge in 1948, but what is a medical amenity in Southwark is also an assurance of experience of acute disease for the medical student and resident. The same is true for nurses—pupil nurses were taken on from 1870; the hospital was approved as a complete training school for the R.S.C.N. from 1919 to 1963 when the thirteen month postgraduate course was instituted instead.

The hospital was at first paid for entirely by Baron Leopold and his mother-in-law; then it became a public charity (to which the Rothschilds contributed generously). It was badly bombed in 1940 and 1944 but money was found for its repair. Its function varied from half-shut children's hospital to first aid post, with Dr. P. E. Polani acting as surgeon, paediatrician, radiologist, etc. After the war he became medical tutor and for the first time the Evelina was used regularly for teaching Guy's students. In 1947 the hospitals amalgamated; in 1948 they entered the National Health Service as combined teaching hospitals. At least 2,400 medical students must have spent some time learning about children there.

Above the front door you will see :

EVELINA HOSPITAL
FOR SICK CHILDREN

Underneath was incised :

SUPPORTED WHOLLY BY VOLUNTARY CONTRIBUTIONS

This was repainted soon after the N.H.S. takeover, the letters in black on a cream background. The Government and Ministry were then very sensitive to suggestions that support for the Service should come from any but Government sources and the painter had to set his trestle up again and hastily paint out the defamatory words.

The Board of Governors, aided by a considerable legacy, earmarked for the Evelina, did a great deal to improve the interior after 1950, so that ugly and awkward as it is on its cramped site, it has been a fine place to work in—comforting for the children, friendly for the nurses, medical students and doctors. Its inpatient psychiatric unit helped to fill a long-felt need; its surgical work made up in impeccable quality what it sometimes lacked in quantity; the medical

side had provided the drama one expects from paediatrics in the Borough; the nurses were beyond praise; the rest of the staff (who can forget Peter the Porter?) were devoted to the Evelina. It will be missed throughout Southwark and further afield; can the Tower Block and Children's Casualty keep these loyalties? I hope so.

BOOK REVIEWS

"Surgery", by R. M. Kirk, J. D. Maynard and A. N. Henry, et al. Pp. 384. Price £3.50 for Paperback Edition. Published by Pitman.

Surgery encompasses many facets of medical care. This new book tries to cover most of them and succeeds admirably. In addition to chapters dealing with symptoms and specialities—those on neurosurgery, orthopaedics and fractures are particularly good—there are general sections on microbiology, immunology, general pathology and a short history on the development of surgery. There is also advice on how to work and keep up to date.

The general care of patients is adequately covered. Treatment of complications is discussed but the emphasis is correctly placed on how to avoid them. The section giving Mr. Kirk's philosophy for managing patients with terminal disease should be read repeatedly by all students and medical practitioners.

Medical words are frequently difficult to understand and to remember. To overcome this derivations of unfamiliar words and brief biographical notes of people whose names are mentioned are given in the text. This improves comprehension and adds interest but it does make reading more difficult. Excellent line diagrams help illustrate the text. Most are accurate but it is unfortunate that the usual origin of an indirect inguinal hernia has been placed on the wrong side of the spermatic cord.

This book will give the student a sound, basic understanding of surgery but the more studious will want to study certain aspects in greater depth in the larger text books and current journals. However, at £3.50 for the paperback edition, this book is remarkably good value.

Hugh G. Sturzaker.

"Handbook of School Health", 15th Edition. Pp. 268. Price £2.40. Issued by Medical Officers of Schools Association.

I have selected only parts of this book for detailed scrutiny, but it seems to me a most useful compendium. Its price will tend to restrict its sale to medical officers of schools at whom it is primarily aimed and for whom, it seems to me, an authoritative and excellent review of the problems they face and their management; but others who are concerned with the care of adolescents and children—general practitioners and paediatricians—will also find here much of interest and value. Common disorders, communicable disease, general hygiene, menstruation, the care of children with asthma and epilepsy are among the many subjects covered in a practical and common-sense way.

I was able to find only a few points to criticise. I doubt if steroid/antibiotic applications have a place in the treatment of facial acne and it is not good practice to suggest sulphonamides as an alternative to penicillin for the treatment of streptococcal sore throats.

P. M. Higgins.

"Clinical Chemistry in Diagnosis and Treatment", by J. F. Zilva and P. R. Pannall. Pp. 498. Price £4.00. Published by Lloyd-Luke, London.

The first edition of this book, published in 1971, was the best comprehensive text on clinical chemistry for the undergraduate student.

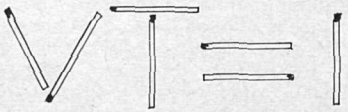
The new edition has been extensively revised, particularly the sections on endocrinology, proteins, renal disease and electrolytes. Inevitably, but unfortunately, this has increased the size of the book. Biochemical values are given in S.I. Units as well as old units. The size of this book is slightly daunting when compared with some other works on clinical chemistry. Nevertheless the new edition is still the best description of clinical chemistry for the clinical student.

J. Liddell.

CURIOUS PROBLEMS

Answers to "Puzzles for the Festive Season"

I.

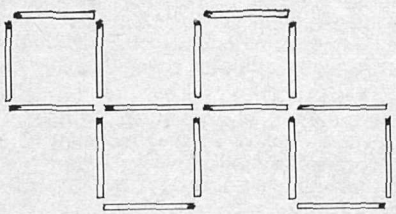


The square root of one equals one.

II.

Twice four = 8, and 20 = 28 blackbirds. Four of these (a seventh part) were killed, and these were those that remained, for the others flew away.

III.



IV.

One minus the square root of one = 0.

OR

V.

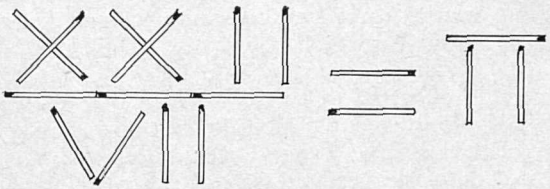
The seven applewomen. Each woman sold her apples at seven for 1p, and 3p each for the remainder.

Hence, 1st woman: 20 apples ÷ 7 = 2, remainder 6; the money she received, therefore, was 2p + 18p = 20 pence.

2nd woman: 40 apples ÷ 7 = 5, remainder 5, money received 5p + 15p = 20 pence, etc.

Without questioning the ingenuity of the thing, I also thought the solution unsatisfactory, because of its indeterminate nature, even if we admit that such an eccentric way of selling may be fairly termed a "price".

VI.



That is, pi equals twenty-two divided by seven.

CURIOUS PROBLEMS No. 2

I.

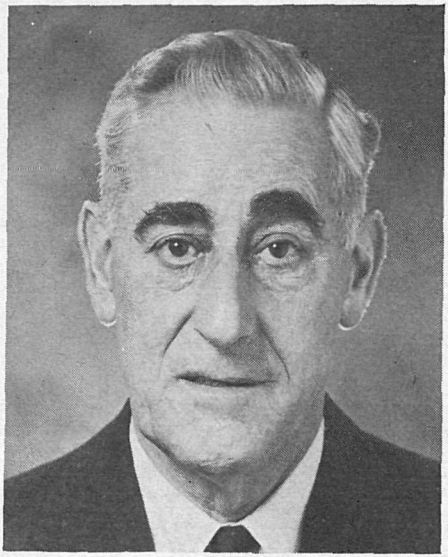
I think of a number containing six figures. Can you discover what it is by putting to me no more than 20 questions, each of which can only be answered by "yes" or "no"?

(Clue: Those fresh from "School Mathematics Project", or with a "computerised" mind should find this problem simple.)

Readers with puzzles along these lines are encouraged to challenge the column.

J.E.

ARTHUR WALLIS



Arthur Wallis retired from the staff of the Medical School in October. He first came to Guy's in January, 1932, at the age of eighteen, and began work in the Medical School office. Early in 1941 he left to join the Royal Corps of Signals and after a period of training in Catterick served for the remainder of the war in North Africa, Syria, Sicily, Italy and Germany. This long and eventful period of army service included a little known Guy's reunion when a chance meeting occurred in Egypt between Mr. Wallis and (then) Lt.-Col. Boland. Neither could have known how closely they would become associated for the twenty years after the war ended. In 1945 he returned to the Medical School office and during the next thirty years made increasingly important contributions to the organisation of the curriculum and co-ordination of student teaching. For a long time he has been a key figure in the school.

Throughout his life at Guy's, Arthur Wallis has taken a special interest in the students. He would know precisely how each student was performing (and behaving) from the moment he entered until completion of the pre-registration year and he then took a personal interest in everyone's subsequent career. His astonishing memory enabled him to recall each student's name and background details and he would instantly recognise all the visitors to the Medical School office, many of whom had been away from Guy's for years. He would remember events in parents' careers when a generation later they returned with student sons or daughters to the hospital.

It was more than this interest however that has made him such a valuable figure at Guy's for so long. His shrewd judgement of character and compassionate understanding gave him a unique place as constant adviser to students, teachers and, indeed, Deans. For these admirable qualities, but above all, for his warm friendly personality and at all times his good humour, thousands of Guy's men and women will be deeply grateful to him. His contribution to Guy's is incalculable and our debt to him is enormous. We shall certainly miss him! but all of us will want to wish him good health so that he may enjoy plenty of good fishing and bountiful gardening. With real and deep gratitude our good wishes go to Arthur and to Mrs. Wallis for a long and happy retirement at their home in Storrington.

R.K.K.

RADIOGRAPHY

Radiography with its rapidly developing specialities offers many choices to the qualified Radiographer. One of these is to teach in a recognized school of radiography or radiotherapy. The Society of Radiographers have high standards of training for all Radiographers which maintain the internationally recognized levels of radiodiagnostic and radiotherapeutic care in Britain, and in the other countries whose students take the British qualifying examination. For this reason teacher training in Radiography may in Britain, only be undertaken in one of six centres for radiotherapy, or one of 27 centres for diagnostic radiography. At Guy's we are fortunate in being recognized as a teacher training centre for both disciplines.

The course of training varies slightly between centres but in the main follows a fairly similar pattern. To qualify as a teacher one must obtain the Higher Diploma of the Society of Radiographers as the professional examination. The next step is to obtain a teaching qualification—the Further Education Teachers Certificate—which entails practical and theoretical work. Once the would-be teacher has been successful in obtaining both these qualifications and has completed not less than 120 hours formal teaching within a two-year period under the direction of the recognized Teacher Principal, he may then take the *viva-voce* examination conducted by the Society of Radiographers. This is the final hurdle and is designed to test knowledge of organization and management of a School of Radiography. It also includes such aspects as student counselling and welfare which are becoming increasingly important.

When the student has been successful in this examination, and the Society has inspected and approved his record of work done during the training period, he is awarded the Teachers Diploma of the Society of Radiographers (T.D.S.R.) and may then take part in the often arduous but rewarding task of training further generations of student Radiographers, and also in post-graduate education.

PHYSIOTHERAPY

The organisation of a Medical firm may lead to its medical leader being the only star-performer with a big supporting cast, but in other cases the work done and the style of its performance call for several stars, albeit of different magnitudes. In rare instances, the cast may even be an all-star one, but whoever makes up the cast and whatever their status, the team mainly consists of members of the hospital staff. In maternity work, by contrast, it is the patient, the expectant mother, who has the star-billing and the rest of the team play important, but nonetheless essentially subsidiary rôles. This team includes the physiotherapist, although the size of her part and its content have shown considerable variation from place to place and from time to time.

It is of prime importance that the team members work in close liaison to ensure the welfare of mother and baby and efficient "management of labour". Each must contribute to and back up the work of the others, hence the present emphasis on "Mothercraft" as a total concept of the antenatal period, to which the physiotherapist's relaxation or psychophysical preparation classes contribute. The expectant mother's apprehension and sense of insecurity require understanding and support which the physiotherapist is well-placed to provide by the nature of her work which gives her the opportunity both to listen and to talk.

The term "psychophysical preparation" now in current use indicates the part the mind can play in preparation and controlled delivery, and the therapist to some extent takes on a psychotherapeutic rôle as she utilises the distractive value of relaxation and breathing exercises, while on the physical side she emphasizes postural and pelvic-floor control, continuing on the puerperium where she seeks to restore musculo-skeletal function and avoid long-term complications such as low back pain.

To help her to achieve these ends another "specific interest group", the Obstetric Association of Chartered Physiotherapists, exists and has drawn up a "current obstetric practice" to help those who wish to apply for membership in the light of their experience. Post-registration training is available in various hospitals throughout the country, and it is hoped that all physiotherapists working in this field will band together to improve the quality of their contribution.

The Association makes possible the exchange of ideas in its news-letter, organises study weekends and courses, and shares experience and acquired knowledge with midwives and health-visitors. A syllabus has been drawn up to teach pupil midwives the principles held by physiotherapists so that better understanding and co-ordinated teaching can take place, and so that, in days of staff shortage, members of the team are able to take on some of the other's rôle. Similarly the Association's members seek to broaden their own horizons by attendance at Obstetric and gynaecological meetings.

NURSING

THE EVELINA HOSPITAL

The Evelina Hospital has, after 106 years, finally closed its doors, as the move to the Guy's Tower actually took place, much to the surprise of many, at the end of October. During its existence, the Hospital has been much appreciated by the residents of the surrounding locality, and they will doubtless miss its friendly atmosphere.

For many years, the Evelina has provided a training school for nurses who wish to work with sick children. It has also provided experience for the nurses requiring paediatric experience whilst undertaking their general training and many of these students much preferred these wards to the much larger ones within Guy's. Despite the fact that the Evelina was nominally administered by Guy's, it did, like many hospitals which are "taken over", retain its own identity and individuality, and this was due largely to the staff working there.

There has, not unnaturally, been a certain amount of sadness caused by the closing of the Evelina. Few people like changes, and many will have been apprehensive about moving into what can only be described as a building of mammoth proportions, which threatens to render them anonymous as soon as they enter. However, the atmosphere of an institution is solely dependent on the attitudes of those contained within. It is therefore the responsibility of everyone to ensure that this is created appropriately. It is after all the nurses, who spend the greatest amount of time with the children, and who therefore ensure their happiness.

The nursing care of children has always been of a high standard at Guy's. The facilities offered in the tower are better than any previously, although they are far from perfect. Furthermore, the hospital now has the largest paediatric unit contained within a general hospital in the country. Administratively, the geographical problems will be greatly eased, and at the same time, all wards will now be able to enjoy the facilities of the main hospital complex.

The advantages of moving the Evelina should far outweigh the disadvantages, and will ensure that maintenance of high standards of care will be guaranteed.

APPOINTMENT OF SENIOR NURSING STAFF

We should like to announce the following appointments of Senior Nursing Staff.

Senior Nursing Officer, Personnel

Miss B. Deane has been appointed to this post and took up her appointment on 5th January, 1976.

Nursing Officer, Intensive Care Unit

Miss C. J. M. Payne is appointed to this post and has already commenced duty.

Nursing Officer, Control of Infection

Mrs. J. Brown has been appointed to this post and took up her duties on 17th December, 1975.

CORRESPONDENCE

Crisis of Confidence

SIR,—Our sympathies are with Mr. Markwell (*Gazette*, December 1975, p. 400), in his concern about the values and integrity of the profession. And make no mistake, the liberal future of a great profession is what the present commotion is all about. The surface squabbles are the tip of the iceberg in this respect.

It has been rightly adumbrated that one can be either a good doctor or an effective administrator but rarely both, and most doctors fall into the first rather than second category. Yet one cannot organise medicine, in whatever way may be necessary, from without. The present attempts to do so will degrade the traditions, and the practice of medicine; and is this decline not visible today to any honest viewer? Let us beware, therefore, of using the language of the politician, such as "left" or "right", which has little relevance to considerations of service, compassion and integrity. A great philosopher once said that "rulers who are eager to rule bring with them the least tranquility"; and one can observe that political interference brings chaos to a liberal profession, because a liberal profession seeks to work from a basis of higher values. The political arena is that of "mere mechanicals" (as the beloved bard put it), the unreasonable and impulsive part of human nature. There are, of course, side-issues in this social contretemps, like the fact that a bricklayer can earn more than a consultant in medicine: these *are* side-issues.

In fact, we now have a tasteless and unnourishing brew being foisted upon us by the ignorant, and partly, I regret to say, through our own fault. Let us hope that the body of our fine profession survives it entire!

Yours faithfully,

ALLAN GRIMBLE, M.D., F.R.C.P.

Department of Genito-Urinary Medicine,
Guy's Hospital, S.E.1.

Equality of Health Care

SIR,—Mr. Markwell's letter in your Christmas *Gazette* leaves me far from being convinced that the Socialists know more about an individual's health-care than the individual himself.

Equality of health-care is fine in theory if pain is suffered on an equal basis between the hours when National Health practitioners are prepared to administer their equal powers of healing. Individuals are yearning for personal treatment and I believe they are more than ever thoroughly disenchanted with the Socialist brand of health-care—they wish to retain freedom of choice and are sick of having Socialist dogma forced down their throats.

Could Mr. Markwell explain why the recent increase in patient's dental charges have placed a premium on dental ill-health and why patients are "means tested" to ascertain whether or not they should be exempted? Surely this is contrary to Socialist policy?

Yours faithfully,

N. J. KNOTT, B.D.S., L.D.S.

30, New Road,
Chippenham,
SN15 1HP.

B.M.S. Past, Present and Future

SIR,—The B.M.S. course has been operative at Guy's for three years now. At present it remains basically identical to its original formulation, allowing for some alteration from year to year especially in the area of examinations. Regarding exams, the course seems to be moving towards a Part I/II system, a move definitely towards the old 2nd M.B. pre-clinical course and away from the continual assessment suggested for the B.M.S. course. In the light of this, I feel the time is right for a senior B.M.S. student's re-appraisal of certain aspects of the present course.

A student's critical appreciation of any particular university course must largely be based on his (or her) educational "ideals" and whatever experience he has at university.

It would be somewhat foolhardy to compare university with previous secondary education. All students suffer from certain illusions regarding "university life". Some of these are spotlighted at Guy's: freedom gained from a "looser" curriculum is not the case at Guy's. The crowded pre-clinical course with its preoccupation with a badly managed system of examination-based continual assessment (there is not enough emphasis on the non-academic qualities that a medical student must inevitably develop later on) removes this freedom and also some enjoyment for the student. One gains the impression of being "pushed" towards the next impending exam at a pace that makes the individual feel he has missed out somewhere. Also sadly lacking at Guy's are adequate facilities for the pre-clinical departments. These are unfortunately, unlikely to be attained in the near future with the prevailing economic climate.

Another "white elephant" is the student-teacher relationship which school leavers are presented with, in the adult-adult basis, supposedly exemplified by the tutorial or seminar. Often this relationship never develops, more so with older members of staff. Tutorials are consequently misused and a bad atmosphere may develop between staff and students. Often the tutorials are also lacking in any preparations (from both sides) and lecturers vary too much in presentation—often what assumes greater importance to the student is the identity of the lecturer (or tutor) not the subject matter itself. This is hardly a premise for fruitful learning! Faults lie not so much in the crowded curriculum with the lack of time and space, but more so in the art of communication. I believe not enough informal discussion occurs between staff and students. After all, a student has a right to express his opinion(s), especially regarding his education, and should not be disregarded (as occasionally happens.)

However, students' views are not always forthcoming, due mainly to the apathy shown by some students, and shyness by others. Many prefer to stay silent instead of speaking up, consequently, constructive ideas from the "silent majority" sector of the student body rarely get through to the staff via committees such as S.M.E.C. This is an important issue since at a time when the B.M.S. course is still undergoing modification, the students must have some say in decision making, especially as it directly affects their future. Perhaps the presence of such an article as this will provoke more interest in the course from the student body and induce more discussion with staff members.

Criticisms as mentioned beforehand, should really be justified by constructive ideas, therefore I am going to suggest ways in which the course could be improved: These are, firstly, from an increase in informal discussion (though organised into some kind of meeting) between staff and students, arranged for whenever necessary, e.g. problems before exams or with past lectures which are causing concern to students. Secondly, I feel better use could be made of tutorial time by efficient planning beforehand, as opposed to the approach, "what shall we discuss today?" Successful tutorials, most students would agree, go a long way to enhancing the understanding of a subject even to the point where one could say that the difference between a

good and bad session of tutorials during a term is the difference between a pass and a fail in an exam for some students.

Lastly, I would like to see a study-group system set up whereby a group of students study an aspect of a pre-clinical subject for a short period of about two weeks, during which time they could look at the subject in more detail than would otherwise be covered during the normal course. The subject would be of clinical relevance, and incorporate patient study, practical involvement where applicable, and entail some student "research". At the end of the period the student would produce his own essay for comment by a "tutor" in charge of the study. This would stimulate the students' interest in subjects perhaps "glossed over" in the normal run of lectures. This type of involvement has already proved reasonably successful with the dentists, regarding their Preventive Dentistry essay, as mentioned in the last edition of the *Gazette*.

In conclusion I would like to add that this article is not intended as an insult to the hard work put in by the organisers of the B.M.S. course, and those of you who share an interest with me in making the B.M.S. course more enjoyable and profitable, I hope will view the article objectively and perhaps come forward with your own ideas.

Yours faithfully,

WESLEY SCOTT-SMITH.

c/o East Wing,
Guy's Hospital,
S.E.1.

Clinical Dental Course at Guy's

SIR,—I was interested to read the paper by Dr. Karen Hiiemae on the results of a survey of the clinical dental course at Guy's. Dr. Hiiemae attributed to me the view that "not enough intellectual stimulus is provided nor enough intellectual effort demanded during the clinical course." In fact I reported in the B.D.J. that I had "heard it said" that this was so, and my information came from a large number of clinical students, and even this statement got me into hotter than usual water with my clinical colleagues.

There is often confusion between intellectual effort and hard work, and I sensed this in Dr. Hiiemae's paper. To memorise a lot of useless facts whether in anatomy, biochemistry or clinical dentistry is hard work but it does not involve intellectual effort. My anxiety stems from the belief that students are getting brighter, but that certain aspects of the course have not changed sufficiently to offer an adequate *intellectual* challenge to these students.

Yours faithfully,

D. J. ANDERSON.

Department of Physiology (Oral Biology),
The Medical School,
University Walk,
Bristol, BS8 1TD.

Fifty-Nine Club

SIR,—May I take advantage of your columns to announce that the Annual Dinner of the Guy's Fifty-Nine Club will be held on Saturday, 6th March, at Barrington House (Elizabeth Suite), London, E.C.2, at 7.30 for 8.00 p.m.

Yours faithfully,

H. J. MISSEN, M.B., B.S.

Beauchamp House,
37 Baddow Road,
Chelmsford,
CM2 0DB.

Child Welfare Services

SIR,—We have been reminded once again of Mrs. Waas' letter concerning the problem of Guy's working mothers and the provision of care for their babies and little children during working hours. (*Gazette* No. 2249, August 1975).

It may be of historical interest that in 1917 the House Committee at Guy's was asked to appoint a Committee to consider "the advisability of developing a comprehensive scheme for the welfare of the mothers during their pregnancy and of the children born, up to the age of five years, when school inspection begins". As a result, in the 1920s and 1930s Guy's was not only conducting a Maternity and Child Welfare Service in Salomons Centre (soon to close on its original site) but then possessed its own day nursery which enabled mothers to work in Guy's laundry and in the neighbouring factories. The nursery was situated in the main building in Newcomen Street but later moved to that site now occupied by the Munro Clinic.

Now for reasons other than dire poverty mothers need to work. Now, it is not to supply hands for the semi-skilled occupations, but to ensure the services of medical, nursing and ancillary staff.

Guy's mothers and fathers as well as other parents, come to Salomons for help in an attempt to find day care for their children within the area. This is an extremely difficult problem and in many cases cannot be solved which leaves us to wonder what happens to the children.

Yours faithfully,

M. THEISEN,
Health Visitor, Salomons Centre.

Guy's Hospital,
London, S.E.1.

The Variety Club of Great Britain

SIR,—May I through your column express my sincere gratitude to Mr. Richard Tarling, a Vice-President of the above famous Organisation. It came to my knowledge through Dr. Philip Helliwell, the Clinical Superintendent, who retired recently from that important Office, that Guy's were in urgent need of a children's playground. The new Evelina Children's Department is now located in a high-rise building and facilities for the children to play outdoors are sadly lacking. A site is available relatively near the Tower.

I accordingly approached my friend, Mr. Tarling, who put the necessary machinery into motion. He contacted the appropriate members of the Variety Club who arranged for their Representatives to visit Guy's, when they discussed the matter in depth with Dr. Helliwell and Dr. Chantler. With the minimum delay, a substantial cheque was forthcoming and it is hoped that the playground will be operative in time for the official opening of the Tower by Her Majesty in May.

I am sure that the Paediatric Department and, indeed, the Hospital, would wish to join me in paying tribute to the magnificent work of the Variety Club of Great Britain.

The Club was established in October 1949, and is concerned solely with the welfare of children, irrespective of background. An average of 400,000 children are assisted each year, and since its foundation, the Club has raised and donated the fantastic amount of more than £17 million. In 1975 alone £1½ million was raised by Variety.

H.R.H. The Duke of Edinburgh and Earl Mountbatten of Burma have been Club members for twenty-four years. How fortunate we are that there are still such people as "The Crew" of the Variety Club of Great Britain. Long may they continue their wonderful work of assisting children in genuine need, irrespective of race, colour, religion or background.

Yours faithfully,

LYDIA FRANKS.

9, Fairacres,
Roehampton Lane,
Roehampton, S.W.15.

Christmas Stall

SIR,—The Christmas Stall held in the Colonnade by permission from Mr. Carruthers from 1st December had its customary success, thanks to the many toys and gifts, and to the helpers who sold them in a notably cold place. This year the draughts were cut down by screens erected by the Works Department and our thanks go to Mr. Wharton.

A Christmas Cake donated by a patient was raffled. It was won by Miss Alexander of the Paediatric Research Unit. The Doll's name was "Jennifer" and was won by Mr. Dodds in Switch Room. The funds of the "Friends" have been helped by a total of over £500.

Yours faithfully,

PHYLLIS M. LOWE,
for *Hon. Secretary*
Mrs. A. C. CAMPBELL.

Guy's Hospital,
London, SE1 9RT.

SPORT

RUGBY

Guy's 1st XV 0 vs. Plymouth Albion 40

10th January at Plymouth.

The result was a fair reflection on Guy's general performance. Defeats of this magnitude are hardly the way to bolster morale as the Hospitals Cup season approaches.

It was a blustery day which made handling and kicking difficult. It was a poorly placed kick which started Guy's problems. The Plymouth wing recovered a ball that failed to find touch, ran swiftly through a tackle and was able to find support which completed the movement. This try gave Plymouth a lead in the opening minutes and from then on Guy's rarely looked like scoring.

The Hospital was unfortunate to lose Neill with a head injury shortly after the first try. The seven man pack could not thereafter secure clean possession although they did enough to allow Guy's to make some impact on the game.

As on previous occasions, simple errors in handling or kicking were seized on by the opposition. For example, three or four kicks were charged down, two of which resulted in tries. A pass was intercepted when Guy's were yards from the Plymouth line and this too ended in a score. There were several attempts at penalty kicks but even here Guy's just failed to score points. At half-time the score stood at 20-0 and the most Guy's could hope for was a respectable result which would not induce too much scorn when the Sunday papers were opened. In fact, there was something approaching a revival in the second half and Plymouth failed to extend their lead for 20 minutes. Then came the interception and on it foundered Guy's raising spirits.

It was a frustrating day for the whole team. For most it began with rising from bed at about five, then a long journey, a thrashing, a shower and a homeward journey delayed *en route* because the train caught fire!

Team: M. Danford, A. Portelly, G. Francis, S. West, M. Broughton, R. Moore, R. Laws, B. Hagan, L. Hughes, J. Brazier, S. Challacombe, P. Loxton, I. Neill, T. Gibson, R. Cording.

T.G.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

Ph.D. Science

October 1975

Cynthia Lyne (Biochemistry)

UNIVERSITY OF LONDON

M.Phil. Medicine

Jocelyn P. Germain
(Developmental Pathology)
A. McBurney (Medicine)

Ph.D. Science

E. C. Tatchell (Zoology)

Medicine

J. A. Rooke (Biochemistry)

UNIVERSITY OF LONDON

M.Sc.

Human Communication

Frances R. Baillie-Grohman
J. A. Barber
Alison Barclay
Edna G. Barlow
J. Barratt-Peacock
B. R. Blankenberg
Jennifer A. Blockley
Victoria M. Boby
June C. Brinton
Naomi D. Briscoe
Jennifer L. Britten
Celia J. Butters
Kathleen M. Callaghan
Veronica M. Connery
Jean Corcoran
R. Dyer
Elizabeth A. Fullwood
Shelia J. Gorniak
Barbara M. Gorrie
Margaret A. Hawkins
Rosemary J. Helps
Patricia A. Jackson
Eleanor J. Laycock
J. Lea
Susan McManus
Althea C. Margetson
Mary R. Meehan
Judith I. Mitchell
Colette Mochan
Grace L. Moore
Lindy V. Peacey
Linda E. Peck
Shelia Richardson
Olivia C. M. Rose
Celia D. Shaw
Margaret E. Tong
Marion E. Trim
Gloria M. Ward
Enid M. Wechsler
Elizabeth C. Woodrow

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery

November 1975

Honours :

Janice Baker (distinguished in Pharmacology)
P. R. Jones (distinguished in Pharmacology)
J. P. Kaspar (distinguished in Surgery)

Pass :

J. V. O. Almeida
Ruth M. Becker
R. A. Beioley
J. Burgess
A. M. Campbell
H. T. Davies
G. R. W. Edgar
N. L. Fisher
Helle-Vibeke Fulford
Margaret H. Gair
Anne P. Gledhill
N. D. Hatton
Yvonne M. Hodges
J. D. Ireland
N. S. Jones
A. M. Kingon
R. H. E. S. Kirschen
Rosalie Lamensdorf
A. J. H. Markham
Judith Maw
E. Olsen
R. Omar
E. L. Pigot
G. H. Rhimes
J. F. C. Schnetler
J. A. J. Serenyi
P. N. Sheppard
A. J. S. Smith
Belinda J. Springett
R. J. H. Steel
C. P. Stuart-Bennett
D. G. Sykes
M. P. Szasz
P. Treasure
R. S. Vivian
J. T. Wade

THOMAS GUY SCHOOL OF NURSING

State Final Examination
October 1975

List of successful candidates :

General Register

S. Arjun
A. E. Atkinson
M. Bamber
A. M. Barnwell
G. Batson
J. L. Bissett
S. E. Bundock
P. I. Burrows
C. A. Chapman
K. Chase
D. M. Clarke
M. Cockburn
P. M. Cockerill
S. H. Cole
M. E. C. Cox
S. M. Cripps
M. A. Cutter
P. C. M. Devine
P. A. Devonport
B. H. Dowle
M. C. Egan
B. E. Emery
S. M. C. Folland
J. K. Foreman
W. A. Freshwater
A. Gegg
J. M. Gill
J. M. Godwin
B. J. Gray
A. C. Heini
C. M. Herd
D. K. Hicks
S. M. Hodgson
J. M. Humphreys
J. M. Jarvis
S. H. Jassoy
J. E. Jay
V. H. Jenkins
H. C. Jones
A. M. M. Joyner
C. Knight
D. J. Laborda
J. E. Legg
M. E. McDonald
H. D. McPherson
A. McQuistin
S. J. Machell
G. Magorimbo
D. L. Mann
S. J. Maxfield
D. J. Moore
A. J. B. Musgrave
C. R. Newton
C. M. Owen
K. L. Parker
V. J. Patterson
R. E. Pearce
I. M. Peasnell
E. A. Peters
E. Raper
R. J. Roberts
M. P. Roche
M. Rose
M. A. Slater
J. D. Smith
J. A. Smith
H. K. Snape
Y. E. Thompson
M. T. Tunney
J. M. Walsh
J. M. Wilson
Y. M. Woodcock

Mental Register

S. M. Jackman

Sick Children's Register

S. R. Cytrynbaum
L. W. Kong
E. R. Wilson

NEW STUDENTS

DEPARTMENT OF DIETETICS
STUDENTS ENTERING IN 1976

University of London
Postgraduate Diploma in Dietetics

Mrs. S. Hardy, B.Sc. London
Miss B. Martini, B.Sc. Southampton

B.Sc. (Hons.) Nutrition

Miss G. Felton Surrey

B.Sc. Dietetics

Miss A. de Brouwer Leeds
Miss J. Harvey Leeds
Miss B. Lean Aberdeen

Diploma in Dietetics

Miss S. Coul Edinburgh
Miss J. Duffy Edinburgh
Miss A. Masters-Thomas Polytechnic of Nth. London

Newland-Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Council. The value of the Scholarship will be up to £1,500 and the actual amount of the award will depend upon whether the holder of the Scholarship proposes to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £250 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Council.

In order that applications for the Travelling Scholarships may be considered by the Dental Council in sufficient time to enable the successful candidates to make arrangements for travel, etc., it is necessary for all applications for Travelling Scholarships for 1976, to be received by the Dean of Dental Studies by Friday, 13th February, 1976.

The Dean of Dental Studies will be pleased to discuss the matter with anybody who is interested.

FOR HOSPITAL AND SCHOOL TENANTS

Becoming available in Wolfson House. Furnished Two Roomed Flatlets. (Double Bedroom—Sitting Room with Kitchen Alcove, Bathroom/W.C.). Rent inclusive of Space Heating and Bed Linen £84 per calendar month. Viewing by arrangement. Ring Extension 3456 for appointment.

BIRTHS

HORNIBLOW : To Molly and Arthur Horniblow, in July at Casheroa Hospital, their ninth child, Thomas.

OPENSHAW : To David and Kay Openshaw, in December 1974 at Toronto, a daughter, Carol Ann, sister to John Lawrence.

PARRY : To Rosemary (née Ede) and Hugh Parry, on 3rd December 1975 at Farnborough Hospital, Kent, a daughter, Alexandra Ellen Rowena.

ENGAGEMENTS

The engagement is announced between Michael Tidman, B.Sc., and Jill Harrison.

The engagement is announced between Anthony Peter Brabazon Lake, D.E.R.R., only son of Mr. and Mrs. B. E. Lake of Topsham, Devon, and Ursula Ann Kilby, Q.A.R.A.N.C., elder daughter of Dr. and Mrs. J. V. Kilby of Kimbolton, Huntingdon, Cambs.

DEATH

Miss Margaret Hogg, who died in Sussex, at the age of 98 years, 48 years after she had retired from the post of Matron of Guy's Hospital.

CHANGES OF ADDRESS

Malcolm and Jane Burke, P.O. Box 3183, Dubai, United Arab Emirates. Tel. 32427.

R. L. V. Henderson, L.D.S., R.C.S., 34 Souberie Avenue, Letchworth, Herts.

Mr. and Mrs. R. P. Hollingsworth, 1 Pine Tree Hill, Pyrford, Woking, Surrey, GU22 8LZ. Tel. Woking 60067.

David and Kay Openshaw, 125 Imperial Street, Toronto, Ontario, Canada, M5P 1C7.

Mr. J. G. Payne, 21 Blackheath Park, Blackheath, London, SE3 9RW.

Sir Lindsay Ride, Weybank, Bauhinia Garden (C), 42 Chung Hom Kok Road, Hong Kong.

Dr. D. S. Robins, P.O. Box 4037, Station 'A', Toronto, M5W 1L1, Canada.

Dr. M. A. Simpson, Academic Department of Psychiatry, Royal Free Hospital, Pond Street, Hampstead, London, NW3 2QG.

PERSONAL

A BRIGHT cheerful ground floor dental surgery to let, full or part time, used by previous Guy's man now retired. Long lease — possibilities. Tel. 01-935 5153. 4 Upper Wimpole Street.

GUY'S associate emigrating creates vacancy early March in established purpose-built surgery. Equipment low seated with own workshop. Full appointment book. Tel. 07012 75086 or write 9 Park Way, Havant.

PAPERS BY GUY'S MEN

Alberman, E. and Creasy, M. (1974). Factors affecting chromosome abnormalities in human conception. **Ann. hum. Biol., 1,** 2, 235. (Abstract).

Bourgeois, C. A., Calverley, M. H., Forman, L. and Polani, P. E. (1975). Bloom's syndrome: a probable new case with cytogenetic findings. **J.med. Genet., 12,** 4, 423-425.

Coltart, T. M., Seller, M. J., Singer, J. D. and Campbell, S. (1974). Amniotic fluid concentrations of alpha fetoprotein (AFP) in early normal pregnancy, and pregnancy complicated by neural tube defects. A review of 18 months' experience. **Guy's Hosp. Rep., 123,** 2, 121-129.

Alberman, E. (1975). The prevention of Down's syndrome. **Develop. Med. Child Neurol, 17,** 6, 793-795.

Benson, P. F. (1975). Congenital heart-disease: incidence and aetiology. **Lancet, II,** 7937, 692-693 (unsigned leading article).

Benson, P. F., Blunt, S., Fensom, A. H., Polani, P. E. and Coltart, T. M. (1975). Prenatal diagnosis of metabolic disorders. **Lancet, II,** 7934, 542-553 (letter).

Dean, M. F., Muir, H., Benson, P. F., Button, L. R., Batchelor, J. R. and Bewick, M. (1975). Increased breakdown of glycosaminoglycans and appearance of corrective enzyme after skin transplants in Hunter syndrome. **Nature, 257,** 5527, 609-612 (letter).

GUY'S HOSPITAL GAZETTE

EDITOR C. E. HANDLER
NEWS EDITORS S. A. AMIEL, M. G. BOURNE
NURSING CORRESPONDENT Miss P. M. JEFFERIES
PHYSIOTHERAPY CORRESPONDENT R. J. COOPER
RADIOGRAPHY CORRESPONDENT Mrs. H. MATTHEWS
MANAGER L. PAYNE

NUMBER 28 FEBRUARY 1976 VOLUME 90 NUMBER 2255

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

LICENSING LAWS

I was extremely interested to see that both the *British Medical Journal* and the *Lancet* had attracted a certain amount of interest from the news media by the publication of two short articles concerning the licensing laws governing the sale of alcohol to be consumed in public houses.

The stimulus for these articles came from the fact that a private member's Bill to extend the hours of licensing and to allow children into certain parts of public houses was to have its second reading in the House of Commons during this month. Both journals came out quite strongly against such relaxations of the law, the *British Medical Journal* condemning such a move as "an experiment with the general public's health". The main complaint in the *Lancet* was that the consideration of the health of the individual and that of the nation as a whole has not been given sufficient consideration in previous discussions and reports and that it seemed likely to be ignored yet again. Experience has shown that as the amount of alcohol consumed per head of the population rises then the incidence of alcohol-related problems also rises. It is feared by many that an increase in the amount of time people are allowed to consume alcohol on licensed premises will naturally lead to an increase in the total amount of alcohol consumed per head of the population.

I must admit to feeling a little bit irritated about this news at first, as I have always found the licensing laws rather bizarre and do not agree that the amount of alcohol consumed is directly proportional to the amount of time that public houses are open for

business. Why should you not be able to have a drink in a pub at any time which you feel like one? There are no laws to prevent drinking as such at any time of day or night, therefore you are at perfect liberty to buy your own supply and drink as you please. Bearing this in mind, will it make any difference if the public houses are open a little longer? In market towns and in many areas of London where markets take place regularly, such as Covent Garden, the public houses have always been open all day or as long as the market is in progress. Although such public houses may attract people who wish to drink all day, is there any evidence that such public houses influence people to drink more than they normally would? Also, if you consider Sweden, where the problem of alcoholism is much more severe than in Britain and where the licensing laws are much more restrictive, it would appear that such restrictions are not the answer to the problem.

These were, however, only initial thoughts and on pondering deeper I changed my mind. Alcohol is a massive problem: it is a drug, and a very powerful drug at that, causing cerebral depression which progresses in a slow but sure fashion to leave eventually what is little more than a medullary preparation. Alcohol also leads to a lowering of moral responsibility which may result in overenthusiastic, later to be regretted, promiscuity and even crime. In addition it so seriously affects common-sense and co-ordination that many deaths are caused on the road. Chronic alcoholism leads to a destruction both of the personality and the physique. If alcohol had only recently been discovered is there any chance that it would become available to the general public? I believe not when I consider the antagonism to the widespread use of Cannabis, which is considered by many to be less harmful than alcohol. Alcoholism is a problem affecting the physical and mental health of an estimated one million people in this country alone, many of whom are ignorant of, or have failed to face up to, the fact that they are alcoholic. Although a moderate social drinker myself and never likely to sign the pledge, it would seem sensible that no move should be made to relax licensing laws without taking every factor into consideration including health. It should therefore be necessary for the supporters of this Bill to justify the increased licensing hours in the light of the possible health risk.

NEWS IN BRIEF

Professor M. N. Naylor

It has recently been announced that Professor M. N. Naylor has been appointed Honorary Dental Surgeon to H.M. The Queen. We offer him our warmest congratulations.

Mr. L. F. W. Salmon

Congratulations to Mr. L. F. W. Salmon, M.B.E., F.R.C.S., who, having completed his year in office as President of the Section of Laryngology of the Royal Society of Medicine, has now been elected President of the British Association of Otolaryngologists.

Mr. C. H. Blockley

We should like to congratulate Mr. C. H. Blockley, Consultant Dental Surgeon to the Tunbridge Wells and Leybourne Grange Hospital Group, on his election to the Vice-Presidency of the American Dental Society of Europe for 1975-76.

Consultant Appointment

Congratulations to Dr. Gordon Falconer, M.R.C.O.G., who graduated from Guy's in 1965, on his appointment as city obstetrician and gynaecologist in the Salford area.

"Gazette" Appointment

The departure of our erstwhile anchor-man, Pete Tillman, has left a considerable gap in the ranks of the dynamic *Gazette* team. It is with great pleasure that we announce that this gap is now being stopped with style by the latest addition to the team, Stephanie Amiel, B.Sc. Stephanie's journalistic flair is matched only by her hard-working efficiency. We welcome her with open arms and the hope that she will enjoy putting her considerable talents to good use in the service of this journal.

Concert in Southwark Cathedral

The Music Club are giving a concert in Southwark Cathedral at 8.00 p.m. on 12th March, 1976. Works by Bach, Gabrielli and Mozart are included in the programme. Tickets will be available at the door and also in the Colonnade in the days before the performance, price 30p.

Appointments Bureau and the Department of Post Graduate Studies

These two departments have been re-housed on the second floor of Mollison House which is accessible through the Medical School and across Nags Head Yard.

Sir Aubrey Rumball

With regret we announce the death of Sir Aubrey Rumball, K.B.E., F.R.C.P., L.D.S. R.C.S., which occurred early in January. We hope to include an obituary about this noted Guy's man in the next issue of the *Gazette.*

Mrs. Erica Gibberd

The many friends of Erica Gibberd were sad to learn of her death at home on 21st January. Erica became a member of the Ladies Association (now "The Friends") early in the 1930's—soon after her marriage, and was a tireless worker on their behalf until a year or two ago when poor health made it difficult for her to get to the hospital.

She was also an honorary member of the Nurses League and served intermittently on the Council throughout this period.

Our love and sympathy to her husband, her children and her grandchildren of whom she was so proud.

Dr. Douglas Kenneth Croll

Dr. Douglas Kenneth Croll, M.A., M.D., died tragically in a car crash on the 20th January, 1976. He was 45. Dr. Croll came to Guy's from Keble College, Oxford. He was a keen sportsman and was Captain of the Guy's Hospital Golf Club between 1951 and 1953. During this time, in 1952, he won the British Medical Golf Championship, holding it for two years.

After spending some time in the R.A.F., Dr. Croll left for Jamaica, where he opened his free clinic for the coloured population. In 1959, he went to America and studied psychiatry and neurology. He became a specialist consultant at Rockland County and the Samaritan Hospitals of New York State. Our deepest sympathy is extended to his wife, Marguerite, and his step-daughter, Stephanie, both in America, and to his parents, Mr. and Mrs. Frank Croll.

Mrs. Winifred Dorothy Thornton

Mrs. Winifred Dorothy Thornton (née Fawkes) died on the 21st December, 1975, after several years ill health.

Mrs. Thornton trained as a nurse at Guy's from 1911 to 1918 and was a ward sister on Luke from 1915 to 1918. She maintained her connections with Guy's Hospital through her brother and two sons, who trained at the Hospital's Medical and Dental Schools.

Our deepest sympathy goes to all her family.

G. & S. Society Dinner

The annual dinner of the Guy's Hospital Gilbert and Sullivan Society was held on Friday, 30th January, 1976, at the Greenwood Theatre Restaurant. A superb four-course meal was devoured by the forty-eight society members present. In the absence of our President, one of the Vice-Presidents, Professor Naylor, took the

chair most professionally, keeping a moderate rein on the proceedings and giving a most amusing after dinner speech. Graeme Zaki, the Chairman of the Society, replied competently and our producer, Steve Taylor, popped up to say a few impromptu—but enjoyable—words (we were unable to prevent him!).

The attendance was excellent, some of our Vice-Presidents and their wives travelling great distances to be with us. The evening was an unqualified success.

P. Booth.

British Medical Students Trust

The above trust finances travel for electives abroad and also awards scholarships for electives to two medical centres in the U.S.A.: to the Duke University, N. Carolina and the Yeshiva University, N.Y. It also awards travelling scholarships annually, out of a £500 fund.

Three medical students are needed to sit on the committee to decide the awards. The committee meets three times a year, at B.M.A. House. Anyone interested should contact the Clubs' Union President, Tim Palmer, for further details. Applications have to be in by early March.

Tennis Tournament

There will be a mixed doubles tennis tournament on 8th May, 1976. Everyone is invited to enter and only one person in each pair needs to be from Guy's. There will be a notice posted in the East Wing nearer the date. Entrants should put their names down as quickly as possible so that a draw can be made.

NOTICE

GUY'S HOSPITAL BIENNIAL DINNER

Friday, 7th May, 1976

You are reminded that the 1976 Biennial Dinner is being held on the 7th May, at Guy's Hospital, on the occasion of the 250th Anniversary Celebrations, a full programme of which was enclosed with the November *Gazette*.

The Chairman will be Professor Sir Hedley Atkins, K.B.E., K.St.J., D.M., M.Ch., F.R.C.P., F.R.C.S. Tickets are £8 each and cheques should be made payable to "GUY'S HOSPITAL BIENNIAL DINNER".

Noel Glover,

Honorary Secretary, Biennial Dinner.

CLUBS' UNION NEWS

Now that the Annual General Meeting is out of the way, it might be a good idea to say who the people are who were elected as officers. As President, there is myself, with David Markwell as Vice-President. The Junior Secretary is Chris Rowlands (gaining experience) and the Junior Treasurer Julian Hancock—all the monies from the Saturday Hops should go to him. The job of running the Inflams, etc. falls to Francis Hughes, of Folk Club fame. André Hedger takes over the bar. We are all open to approach by anybody; if we don't know the answer, then we will know to whom to pass the buck !

I would like to reiterate in this column what I said at the Annual General Meeting and to propose a vote of thanks to Peter Watkinson, who over the last year has worked extremely hard. The fact that I am writing this now is due to him and there are many things besides. I sometimes wonder what he is going to find to do nowadays . . .

Already, some points have been put to me about the East Wing. The first of these was about the papers put out in the Reading Room. I have checked up on what is provided and the list is quite long : eighteen papers, as well as the *Radio Times* and *TV Times*. The reason for there not being eighteen papers up there is the same as the reason for the periodicals being cut out : they are being removed by people who aren't prepared to buy their own. The Clubs' Union is not prepared to subsidise people's paper bills.

I have also been asked why the snooker room shuts at 6.00 p.m. The answer, I'm afraid, is frightfully simple. If it doesn't shut, damage is done to the floor and the tables by a few irresponsible people taking drinks in. Also, the snooker room is only shut on an evening when there is going to be some form of function. This brings up another point. On nights such as these, and also for that matter, on other nights, there has been considerable damage done, and mess created, in the Ladies and Gents lavatories downstairs. I have walked into the office down there at 9.15 a.m., and found the floors black and, on further investigation, found the mirror broken in the Gents. I won't labour the point any further; I would just ask all the students, be they the responsible ones or not, to try and ensure that this stops; then perhaps we can open the snooker room earlier and shut it later.

Now there are three short notices. The first is about the last Snowflake Ball. I would welcome any comments and suggestions, so that the next one can be just as good, if not better. The second is about the Chess Club. This is starting again; any enquiries to P. Carvalho, c/o East Wing. Third and final notice : the Book Exchange has a number of unclaimed cheques. Would people with books there please go and see if you have anything waiting for you.

Tim Palmer.

AN ELECTIVE IN THE NORTH-WEST FRONTIER, PAKISTAN

by Mary Heber

In August 1975 I arrived in Kabul, Afghanistan, *en route* for Peshawar Mission Hospital in the N.W. Frontier, Pakistan. From Kabul, one has to travel by road down the Khyber Pass to reach Peshawar, but I first spent a few days in Kabul. This city is largely Westernized, tourists are numerous, western dress accepted and even adopted by better off Afghans. Even so, the difference in culture is obvious; the bazaar stalls are open to the streets, piles of fruit, especially enormous green melons, abound and the smell of kebabs being cooked over charcoal pervades the air (although it doesn't quite manage to exclude less pleasant smells produced by the lack of sanitation!).

On Wednesday, 20th August, I crossed the Khyber Pass and was welcomed to the Mission Hospital by Mr. Edgar Stevens, F.R.C.S., the British surgeon under whom I was to work. Every day in the Hospital begins at 7.15 a.m. with prayers. These are in Urdu, but the spirit of the Hospital is bound up in the Christian Faith of most of those that were there and is evident even without comprehension of the language.

The surgical ward round began at 8.00 a.m. There are officially 15 surgical beds plus a few private rooms, but there are usually 25 - 30 patients, the extras sleeping on charpoys on the balcony. Male and female patients are strictly segregated. General nursing care is provided by relatives, as is food for the patients, the hospital providing only for the few who are completely destitute. There are few trained nurses, most of the work being done by orderlies, qualified nurses giving medications and putting up drugs. Most of the nurses are men, there was only one qualified female nurse in the hospital, although there were also three Belgian leprosy nurses.

The leprosy wing was largely run by these nurses, specially trained for this work. They made frequent field trips to the villages, looking for new cases and checking up on old patients, most of whom were treated (Dapsone, twice weekly) by local "leprosy technicians" in their own villages. The lepers that came into hospital were either new cases for assessment, or those that had developed complications, or intercurrent disease, or for reconstructive surgery to give them maximum possible use of their limbs and to fashion stumps suitable for prostheses. This type of surgery is even now rarely available to lepers, partly due to lack of surgical manpower and expertise, but chiefly due to lack of money to provide the prostheses. During my stay in Peshawar there was a leper who had had one stump fashioned by Mr. Stevens and a prosthesis paid for by money raised by the "mission wives" through sales-of-work, etc., on whom we operated again to provide a suitable stump on the other

side. This man's joy on first being able to walk upright was wonderful. For ten years his only means of locomotion had been on his buttocks and he was probably less than 30 years old.

After the round, outpatients began. This was a sort of G.P. surgery, seeing all comers. By far the most common disease was T.B., mainly pulmonary, but also arthritic, abdominal, lupus vulgaris and T.B. meningitis. The standard treatment was Streptomycin Inj. 1 g. daily for 3 months, with Thiacetazone/INH tablets, one daily for 12 months. Unfortunately, treatment had to be on an O/P basis and although patients were supposed to come every month, many failed after the first 2 - 3 months, when they began to feel a little better, then re-presented years later, often with advanced, resistant disease. One of my chief impressions of medicine in Pakistan was the overriding need for an efficient Tuberculosis control programme. Other common complaints were malaria and infestations of every kind — roundworm, threadworm, hookworm, amoeba, etc. Nearly everyone was anaemic, probably partly due to dietary deficiency. One came to accept an Hb of 10 g.% as being quite usual; but those patients with hookworm often had Hb in the 5-8 g.% range. I saw many cases of chronic osteomyelitis and also many cases of major and minor traumatic injury. There were several gunshot wounds—the people from the tribal territories are continually having feuds with one another, but the most heart-rending cases were paraplegics. I saw several young men who had been carried on charpoys, or on their old father's back, sometimes 200-300 miles, after falling from roofs or trees and breaking their spine. There are no facilities in Pakistan for doing anything at all for these people, except giving them urinary antiseptics. Their relatives are often unable to believe that the white doctor really can do nothing. They say, all too frequently, "It's only because I'm a poor man. If I could give you money you would make my son well again". There were also patients requiring surgery, and these were admitted on a "first come, first served" basis, as beds permitted. Impotence was another common complaint and, as in any G.P.'s surgery in England, there were some patients who could only be described as neurotic.

At 2 p.m. the operating list started. Many cases were minor : haemorrhoidectomies, manipulations, draining of TB and other abscesses, removal of cysts, lipomas, etc., but we did cholecystectomies, pyelolithectomies, hernias, hydrocoeles, amputations and others also. The only methods of anaesthesia were open ether and chloroform, or spinal. Anaesthetics were administered by a trained anaesthetic nurse. There are very few qualified anaesthetists. The lack of muscle relaxation made operations difficult and since there was no sucker or cautery great care had to be taken to tie off all vessels, making operations lengthy. Although glucose and saline infusions were available, blood was almost totally unobtainable. The tribal people believe it makes them impotent to give blood, and consequently won't do so. When absolutely necessary we tried to get it from patients' relatives, but usually unsuccessfully and the final resort was usually the hospital staff themselves. In fact, transfusion was never necessitated by operation while I was there, only by ex-

tensive loss from wounds. e.g. from guns, or in one case of bleeding ulcer.

There was no obstetrics or gynaecology at Peshawar, but I spent 3 days at Bannu Hospital, where Dr. Ruth Coggan, F.R.C.O.G., is working. Many long-suffering women are now coming to her for hysterectomies, repairs, etc. Most babies are delivered at home, only those women who have problems in labour are taken to hospital. There is very little ante-natal care, although an attempt is now being made to encourage mothers to attend such clinics.

I also spent 2 days at Risalpur where Dr. and Mrs. Peaston have a Clinical Research Unit, which began by investigating the health of school children. As well as investigating their diseases, Dr. Peaston naturally also treats these children and his statistics show a remarkable improvement in their health since he instituted school clinics and, above all, school meals. His work has now extended to the adult population of the Bhusties, as the settlements where the very poor people live are called. Within the Bhusties, enormous families live in a couple of rooms with no water supply and no sanitation (open drains in the middle of mud roads), but in many cases I was amazed how clean they were kept. The amount of disease, however, was horrifying. Wherever we went to see one patient, ten others would appear. One of the major problems is poor nutrition and hygiene. The Peastons are also tackling this, with the introduction of school meals, often only Nan (the local bread) and milk, since it all has to come from voluntary donation, but they try to give them meat at least once a week. This has greatly improved the health of these children, who are Christians and, as most Pakistani Christians are "sweepers", the lowest social group and very poor, many probably get very little else to eat.

One hopes that full use will be made of Dr. Peaston's surveys At present only those children in schools where he holds clinics get meals. Undernourished, sick children do not develop well physically or mentally, thus the trend continues to the next generation. Only by breaking the cycle in childhood can the future prospects of the Bhustie people be improved.

It was of interest to me, however, that although there is widespread undernourishment in W. Pakistan, there is not the gross malnourishment seen in Bangla Desh—Kwashiorkor is rare. This is because the staple food is Nan, a sort of half leavened bread, and Dahl (lentils) usually cooked in a curry sauce; these have much better nutrient value than rice, which is the staple food of Bangla Desh. Fruit and vegetables are also fairly cheap and plentiful.

Eight weeks in Pakistan wasn't long enough but of necessity October saw me on my way back over the Khyber Pass and thence home to London. My impressions of Pakistan? Heat, dust, poverty, sickness, but also colour, cheerfulness and great hospitality.

Acknowledgements.

I would like to thank my parents, Mr. Stevens and everyone else who helped make this elective possible.—M.H.

THEATRES OF OLD GUY'S HOUSE

We are indebted to Lord Brock, M.S., F.R.C.S., for the following article. It is a letter to him from the late Mr. E. C. Hughes, written in January, 1947, in answer to a query about the fate of the operating theatres in Guy's House. We publish it in full.

The County Hospital, Pembury.

16th January, 1947.

Dear Brock,

I entered the wards in 1901 or 1902. At that time the only theatres were on the 2nd floor, the old Clinical Theatre, much larger than it is now, parts of the east and west ends having been cut off; in this theatre, where Golding Bird operated before a large number of seats arranged in tiers in a semicircular shape, the man in charge of sterilisation of instruments worked behind a small screen in the east corner. All instrument sterilisation was done in a large fish kettle. It was no uncommon sight to see Coels, the instrument man, carrying an instrument which had been sent for along the corridor in large holding forceps. Coels, a little bearded fellow, had been valet to a big-game hunter. I don't know how he drifted to Guy's.

On this floor were two other theatres (or possibly only one) where Jacobson usually operated. I was one of his ward clerks. It was no uncommon event for Jacobson, in the middle of an operation and on hearing that Mr. Lucas, the senior surgeon, wanted to operate, to remove the patient in the middle of an operation to Dorcas ward, where a ward clerk's table became the operating table, behind screens; it was usually a hare lip or cleft palate that had to be transferred. I am not sure about the third operating theatre on this floor, for there was a large room where the surgeons kept their operating frock coats. These had disappeared before my time and I just missed by a few days the Carbolic spray. Mollison, three months my senior, and clerk to Howse worked with carbolic spray for three months.

Just about this time theatres on the 2nd floor were opened; two of them with anaesthetic rooms just off; one of these was eventually pinched by Nicholson for section cutting.

The theatre that continues to this day on this floor was lined, walls and ceiling, by mirrors by Lane's wish. The idea was to improve the lighting but it was not much of a success.

I do not know when the top floor theatres arrived but it must have been before the 14-18 war, for Lane had the end theatre where he entertained crowds of Americans.

I have not answered your definite question of the old Clinical theatre. I think it fell out of use some time in 1902, for I cannot remember seeing operations there after Golding Bird had gone off. But wait—G.B. did not go off until about 1905-1906. I think he alone used it in my time, except for some of the nocturnal operations under the Assistant Surgeon.

I am very sorry to be so vague but I don't think it is very incorrect.

Eason would probably know every detail.

Yours ever,

E. C. Hughes.

NOTE: The "Old Clinical Theatre" became a Clinical Lecture Theatre. It was finally lost in the re-organisation of Guy's House, which now contains single rooms for nurses.

NOTICES

QUODLIBET SOCIETY

The inaugural meeting of the revived Quodlibet Society was held on Tuesday 27th January when, to a large audience, Dr. Michael Price argued that doctors—in the wake of countless psychologists, higher mathematicians and children—could find much of relevance in the remarkable works of the Rev. Dodgson, alias Lewis Caroll.

Dr. Price presented compelling evidence to suggest that Caroll incorporated penetrating medical observations in his "Alice" books. We learned that Humpty Dumpty was a clear case of osteogenesis imperfecta, that the Mad Hatter suffered from mercurial poisoning and the White Knight from cerebral athersclerosis. The narcolepsy of the dormouse is, of course, well known. Extracts from the Alice books and slides of Tenniel's magnificent illustrations added their own charm to the talk, technical hitches notwithstanding.

Caroll's masterpieces were a product of a devotion to little girls; an aspect of his strange, but innocent, sexual inadequacy. A modern day Lewis Caroll could find himself speedily retrieved from his lonely, eccentric world through the skills of Dr. Jaffé and his colleagues—with the loss to the world of works of great charm, subtlety and total originality. Perhaps Freud has a lot to answer for.

Next Meeting:

On Tuesday, 2nd March, we hope to have Dr. John Henderson of St. George's Hospital to speak of his interest in Claude Bernard, erstwhile Vaudeville star and physiologist.

P.J.R.

ANGUS M. KINGON

It is with regret that we announce the retirement of Angus Kingon from the post of Sports Correspondent of the *Gazette*. Angus joined the *Gazette* staff in April, 1974. He was an enthusiastic member who will be particularly remembered for re-introducing the Sports Commentary. To this he brought life and humour, with his personal knowledge of both the sports themselves and the people involved in them. The *Gazette* will miss him. We should like to congratulate him on his recent qualification and appointment as a dental House Officer at Guy's and to wish him the best of luck in the future.

DEATH : The Conspiracy of Silence

by David Dickson—Guy's Executive Member, L.M.G.

About nineteen Guy's students went to the 13th Annual Conference of the London Medical Group, organised in conjunction with the Society for the Study of Medical Ethics on Friday and Saturday, 6th and 7th February, 1976. It took place at the Middlesex Hospital Medical School. The aim of the Conference was to discuss dying as a social event and to examine the attitudes of the medical and allied professions and how these affect dying patients and their relatives. Contributors ranged from Dr. Cicely Saunders of St. Christopher's Hospice to Professor Williams, a philosopher from Cambridge.

We heard how difficult it is to give a prognosis and to be kind and understanding. There was an excellent analysis of bereavement and the time needed for adjustments. Typically, we were told, loss results first in shock, followed by intense grief usually lasting ten to twenty weeks and accompanied by loss of weight, disturbed sleep and dreams. Finally, there is a return to normal social life.

"Wait till they ask us about death," was the reply to "How and when should we tell the patient?" It was suggested we should listen more and talk less. Tact, wisdom, compassion and efficiency are the qualities needed most in dealing with the dying patient. The influences of culture and belief were explored—how many of the profession could share in the belief in the after life that some patients have ? The impact of the loss of a growing child on its family was also discussed.

30-40 per cent of deaths in the U.K. occur in private homes, mainly from disease of the cardiovascular and respiratory systems and from malignancy. The concept of a "good death" was put forward as an achievement not a failure. It was intimated that the medical profession tends to regard death as morbid and so prescribes sedatives unnecessarily in many cases. The question "Can the family doctor be permitted not to tell the patient he is dying ?" was broached.

A psychoanalyst explained how, in our unconscious, we believe we are immortal and omnipotent. This was countered by the philosophical approach and how each of us will need to face up to the imminent possibility of death. The Chairman, Dr. Catterall, concluded the conference by informing us that last year the Edinburgh Medical Group appointed the first ever research fellows in Medical Ethics in this country.

I found the whole conference extremely valuable and stimulating. I wonder whether a potted version could be introduced into one of the Advanced Clinical Lectures at Guy's. Many students from the other hospitals agreed with me in that this difficult and at times uncomfortable topic is inadequately dealt with in undergraduate medical teaching, if indeed dealt with at all.

THE CLINICAL DENTAL COURSE AT GUY'S

The Results of the Survey of Students and Graduates in May, 1975

PART III

The Intermediate Technical Course

Thirty-nine per cent of those answering rated the laboratory teaching "good", 39% "average" and 21% "poor". The laboratory supervision was rated "good" by 24%, "adequate" by 38% and "poor" by 37%. The content and presentation of the tutorials were rated "adequate" by 56% and 53% respectively, with the remainder split slightly unevenly towards "good", i.e. 25% and 24% respectively. Similar ratings were given for the clinical demonstrations.

No comments were invited but the results show that whilst this course must be presumed to operate under the same constraints as does other teaching in Conservation, it is not so severely affected.

The Points System

A points system is used in several Departments and students must be presumed to accept that some regulation of clinical work must be achieved before "sign-ups" for professional examinations are allowed. Even so the "Points System" in Conservation where the requirements loom largest, was considered to affect the standard of patient treatment (54% "yes", 10% "don't know" and 36% "no"), the standard of technical work (52% overall "yes", 12% "don't know" and 36% "no") and the quality of treatment (57% "yes", 12% "don't know", 31% "no"). It is not considered to affect the standard of teaching (26% "yes", 14% "don't know" and 60% "no"). These answers are not, in themselves, very informative but taken together with the response to the question "Have you at any time found yourself aiming for quantity of work over quality?" some of the consequences of the system can be identified. Sixty-four per cent of all students and graduates admitted to having aimed for quantity of work over quality at some time during the course. The highest percentage (74%) was found, predictably, in the third and fourth years for whom Finals are imminent, the lowest percentage (55%), equally predictably, in the first year. The effect, if any, of the introduction of the "students ticket book" on the quality of work is not yet known but its introduction has generated complaints about increasing the time spent queueing.

It is clear that the students wish to do good clinical work and recognize that a grading system provides an incentive. It is equally clear that they consider good work should be positively rewarded by the creation of a differential between the number of points obtainable for the "excellent" grade as opposed to "good" or "satisfactory".

The treatment of the patient is as important as satisfying examination requirements: patients must not be regarded simply as potential sources of points. However, the patients must show some tolerance of the special conditions operating in a Dental School, which is primarily a teaching rather than a treatment centre. There was strong approval (91% from the first year, 70% from the second, 77% from the third and fourth and 61% from the graduates) for a tightening-up of the conditions of treatment to reduce the incidence of "repeated failed appointments" on the part of some patients. The students did not consider the screening of patients for either Conservation or the general waiting lists to be good, 7% rated it "good", 50% average and 43% "poor". (When the question was asked in a more general sense in another part of the questionnaire, the ratings were 7%, 53% and 40% respectively).

This finding raises the question of how much screening is actually desirable. It has been suggested that careful screening of Conservation patients is only needed for those to be treated by students in their half-time period. Thereafter they should take what comes. This would not, of course, preclude a progression from the simpler to the more difficult procedures both within the treatment plan for a single patient and also as between patients.

The students were not quite unanimous but a significant majority (96% of the first year, 70% of the second, 74% of the third and fourth and 62% of the graduates) considered that an adequate standard of oral hygiene should be mandatory before a patient receives full conservative treatment.

The desirable approach to treatment planning is (a) to eliminate pain and active caries, (b) to clean the mouth and start to treat periodontal disease and only then (c) to begin full restorative treatment. It is surely necessary to review a system which precludes in most cases, correctly-timed (for the patient) periodontal treatment in the appropriate specialist department by the student and at the same time awards minimal credit (1 point) for each treatment carried out in the Conservation Room. A simple short term solution would be to award more points for basic periodontal treatment carried out in the Conservation Room.

A large majority of those answering the questionnaire (75% overall but 89% of the graduates) considered that they should be *personally* responsible for completing the treatment of a given number of patients. These views, coupled with the request for continuing Prosthetic experience, could be met to the mutual advantage of student and patient, by a "completion of treatment" factor in the points system. This could, we suggest, take the form of either (a)

an additional number of points, perhaps calculated as either a percentage of the total points gained for treating that individual and awarded when treatment is completed or (b) a fixed "completed treatment" requirement, completion earning a fixed number of points. The merits and demerits of these and other possible suggestions should be discussed.

It has been said that the basic points requirement for "signing-up" should be attainable within the first year or so of clinical conservation, the student should then be free to develop and enjoy his Dentistry. This may be the ideal but could it not be aimed for?

The Committee recommend:

(1) That a heavy emphasis should be placed on the completion of patient treatment.

(2) That a higher number of points should be awarded for achieving the "E" grade for conservative procedures.

(3) That the points awarded for periodontal procedures carried out in Conservation should be reviewed.

On Running the Conservation Room

The students were asked, in view of their imminent move to the Tower, to rate the service in the compound and the availability of materials in general as "good", "adequate" or "poor". Overall 12% rated the availability of materials as "good", 39% as "adequate" and 50% as "poor". Whilst of the first year; 50% rated the compound service as "good" and 50% as "adequate", the overall figures are 23%, 48% and 29% which more accurately reflect the views of the other years. The range of materials in the compound was rated "good" by 14% overall, "adequate" by 52% and "poor" by 34% for disposable items and "good" by 7%, "adequate" by 40% and "poor" by 53% in respect of instruments. 88% overall thought a list of the instruments and materials held in the compound should be published. Asked whether some items held in the compound should be included in the kit, 65% overall said "yes". When asked "which?", the "Dycal" applicator was the most frequently cited.

It is difficult, if not impossible, to run a training school clinic without some measure of control and therefore inconvenience, since it is patently impracticable to provide the equivalent of private surgery facilities for each student. However, it has been suggested with due deference to economy that basic disposables such as gauze squares, cotton wool rolls, cartridges of local analgesic could, with advantage, be provided in each Conservation cubicle in the Tower, as is already the case in the Children's Department. This would certainly be convenient but raises the question of responsibility—who would take the rap for a mess? Identifying the culprit would be much easier if students used specific cubicles on specific sessions.

The rest of this paper will be published in subsequent editions of the *Gazette*.

NURSING

There has been much discussion during recent months about the fact that nurses, in common with many other members of the population, have been affected by the increase in unemployment. This situation has come as something of a surprise to a group of people who have never previously experienced difficulty in obtaining employment and for whom registration as unemployed has been difficult, due to the fact that hospitals throughout the country have always required staff. However, a glance through the professional journals, even in these days, will reveal something in excess of fifty pages filled with advertisements which are announcing vacant posts for trained staff. A more detailed look moreover will reveal the fact that many of these vacancies have been advertised on more than one occasion and that there are apparently no applicants. It is of course a well known fact that the Health Service is experiencing financial difficulties which have been exaggerated by the present inflationary climate. There has also been a considerable amount written in the Press about the plight of student nurses, who have been informed by their employing authorities that there will be no guaranteed staff posts for them after qualification. At the same time there have been announcements of ward closures caused, it appears, by lack of finance which to remunerate the necessary nursing staff.

Many members of the population are extremely reluctant to travel away from their home areas in order to obtain work. Studies have also shown that in times of economic stress this reluctance becomes greater and despite the fact that they are unemployed, people will still refuse to move to another part of the country where there is adequate employment available. It is also known that London has a smaller unemployment problem than the rest of Britain, as well as a more mobile population.

One could therefore be led to question whether there is really a shortage of work or of nurses, or whether it is the distribution of the latter which is at fault. In fact, there have been indications that there is not in fact a shortage of nurses at all, but that some areas do have too many. If however there is going to be a shortage of posts in the future, is it morally right to continue accepting nurses for training? Recruitment has improved dramatically during recent months and has afforded the opportunity for training schools to be more selective and thus improve the quality of trainees. If, though, they are unable to obtain employment afterwards, both time and money will have been wasted.

PHYSIOTHERAPY

Management arrangements for physiotherapists and other paramedical therapy groups were outlined in the 1972 grey book dealing with the reorganised N.H.S., in a chapter which has been subsequently withdrawn and still in 1976 there has been no definitive structure put in its place. Advice on interim arrangements was given in a circular (H.S.C. (1S) 101), asking authorities to make arrangements for organisation on a district basis, designating a senior physiotherapist to advise management teams, though to have no managerial role. Later, authorities were requested not to make designations until appropriate remuneration was agreed and advice on the procedure for designation was issued. Next, in November 1975, an Advance Letter gave the go-ahead but another letter of the same date stated that no specific procedure has in fact be laid down, although an interim (again) job description for the designated district therapist was put forward.

The preamble to this makes it clear that the descriptions "are concerned only with the provision of advice and maintenance of professional standards" and that "managerial . . . responsibility will normally continue as at present". It is, to put it mildly, unhelpful to have words like "normally" inserted at this point and to state that things will go on as before when there has been no clear conception of what *did* go on before. In January, the writer attended the second conference of the Health Service Organisation Research Unit of the Brunel Institute of Organisation and Social Studies. A mixed bag of therapists, doctors, a personnel officer, a D.H.S.S. nursing officer and training development officer were present to confer with three members of the Institute. It transpired that the Research Unit has been working with the Westminster, Chelsea and Kensingon A.H.A. to try to formulate a framework of organisation, but, interesting as the discussion was, it came to nothing but the most nebulous conclusions, with the exception of a general agreement that only a therapist can be accountable for the work of his/her fellow-therapists, and that in a profession, the members of that group should be accountable for their work only to a senior member of the profession. The doctor/therapist relationship was described, rather endearingly as one of attachment, in that the doctor "monitored" the therapist's work on his patients rather than "managed" her. To go back to the interim job description for district therapists, here, boldly headed ACCOUNTABILITY, we read "to the District Management Team, through the District Community Physician . . . " so where do we go from here ? The two D.C.P.'s at the conference, it should be said, seemed greatly relieved by the Brunel interpretation. You may agree that the whole situation is a little confused, and although this may cause only mild surprise in view of the overall condition, it is nonetheless exasperating for it.

RADIOGRAPHY

Teachers Conferring

The Teachers Conference of the Society of Radiographers took place in January. This takes place annually and at a different university each time. The criteria for choosing the venue would seem to be that the town, or city, must be in an exposed position, with the university sited where it will receive the maximum amount of wind and rain, although snow or fog may be preferred. These factors coupled with the time of year ensure that the maximum number of delegates attend all lectures, discussions, and working groups. They also ensure that, when extra session are arranged on an "impromptu" basis for later than the normal finishing time of 6.30 p.m., the elements will send all recalcitrant delegates rapidly back to the conference hall after dinner.

The purpose of the teachers conference is to discuss and evaluate current teaching methods and their rôle in radiographic teaching. It also allows tutors, who are frequently spread, geographically and numerically, rather thinly upon the ground, to confer on topics of common interest and to share their ideas, so widening the scope of all the teachers. It gives the society the opportunity to elicit the views of teachers on current problems, plans and prospects in radiographer training at both pre- and post-diploma level.

The 1976 Teachers Conference was held this year at Stirling University and three members of the Guy's Schools of Radiography attended. One subject to which we all devoted a good deal of time was the possible modes of implementation of the clinical instructors posts recommended by the Radiographers Board of the Council for Professions supplementary to Medicine.

At present we have no clear guide lines for the integration of clinical instructors into the present scheme of training. There are at present only three Clinical Instructors in Radiography and they are all employed in the same hospital. There are plans for more instructors to be appointed but this is difficult, regardless of the current "no growth" policy, because there is no career structure for the clinical instructor nor even a recommended scale or integration point. However, Clinical Instructors in Nursing are now well established and provide an important link between the theoretical and the practical aspects of nurse training. Radiography as a profession, and a science, has been in existence for only a short while, but it is a field in which the growth curve is still on the sharply rising section of the exponential. If the tutors are to provide the profession with well trained radiographers who can maintain and improve the present standards of radiography and radiotherapy, then the clinical instructor in radiography cannot be a person of the distant future. This appeared to be the conclusion drawn by the majority of teachers and student teachers at Stirling last month, the Guy's delegates being in full agreement.

BOOK REVIEWS

"A Synopsis of Surgical Anatomy", 11th Edition, by D. J. du Plessis. Pp. 888. Price £7.00. Published by John Wright.

The multiplicity of textbooks of anatomy presumably reflects the difficulty which most medical students experience in learning the subject. The 11th edition of this classic text is rather daunting at first opening, but in fact the author does his best to order and compartmentalize his subject, both by enumeration of principles and by the use of headings and subheadings. This method of writing, together with the 779 diagrams, makes the facts relatively easy to remember.

Unfortunately, the book gives the impression of being rather cheaply produced—an effect that is made worse by the fact that in several cases the drawings are too small for the details to be grasped easily without close examination and careful following of arrows. It could be very much more useful if the page size was increased to complement the standard of the text. The book will be useful to a wide range of readers, extending certainly as far as surgical registrars. Clinical students interested in anatomical variations and their surgical importance will also find the book fascinating, although its usefulness will be directly related to such a student's ability to concentrate.

S.R.K.

"Sex and Drugs, a Journey Beyond Limits", by R. A. Wilson. 1975. Pp. 287. Price 90p. Published by Mayflower.

This book is about sex and drugs oddly enough. The style is intellectualised pop. It is quite informative, in fact one of its best features is a glossary at the end which includes not only the names of many drugs but also some of the American slang terms used to describe them.

In a sense this is very much an American book, since it refers almost entirely to the "drug scene" in America and it is hard to know how much of it is relevant here with one exception, namely the author's comments on the vast illicit drug industry in America and its criminal ramifications, something that medical students and doctors ought to think about.

I cannot say that I liked the book very much. I found the author's repetitive descriptions of the thousand megaton orgasms somewhat tedious. On the other hand there are some quite amusing and many informative aspects to it. I imagine it will sell millions of copies.

J. H. Willis.

"Expectant Fathers—A practical guide to pregnancy for the anxious male" by Betty Parsons. Pp. 94. Price 75p. Published by Robert Yeatman Limited.

This delightfully written book is a "must" for any husband who takes the slightest interest in his wife's first pregnancy. The text, liberally sprinkled with expressive cartoons and instructive diagrams, constitutes a well balanced mixture of psychological and physiological detail. Betty Parsons' twenty-five years experience of relaxation techniques form a solid base for the points she puts across, without giving the impression that she knows it all. The author also takes great pains to ensure that her efforts in no way impinge on the need for full antenatal care, an important realisation at this time when obstetric practice is being submitted to public scrutiny. In all, I would say, good value for 75p even if, like me (hopefully), you're not expecting.

T. M. Coltart.

CORRESPONDENCE

New Clinical Curriculum

SIR,—The newly introduced clinical curriculum has now been operating for over three months. While it would be unfair to pass judgement on it, I believe that those who are learning their basic medical skills have the right to be critical.

We have completed a two-month firm in Medicine and half a firm in Surgery. The medical firm involved basic medicine and two specialist options. Pressure on our time was intense, leaving no chance of becoming proficient at any routine procedure except blood-taking (½-2 hours per day) and because there was so much to teach, there were many lectures and seminars. Due to the high numbers (20), ward-rounds became farcical unless divided to become fortnightly, or developed into seminars.

I realise that this is a transition phase, and that there is some possibly understandable confusion. To give an example, in our two specialist options, which we will not be taught on again, we received no tuition in one and one seminar for 30 junior and senior students in the other.

However, I feel that the new curriculum is an unfortunate compromise. On the one hand, we can abandon bedside teaching and substitute planned seminars in single-bed demonstration wards, associated with lecture courses and outpatient visits, with a separate course in patient management and clinical examination.

On the other hand is the choice of individual teaching from doctors to whom individual students are allocated for at least a day and more usefully a week, with minimal formal teaching.

The choice is entirely dependant on the student/patient ratio and the latter, preferable course is not possible in the present circumstances and will remain impossible until all hospitals take medical students, with formal teaching distributed as films.

This letter is meant as no criticism of the consultants and junior doctors, who have all taught us excellently in trying circumstances. It is a criticism of a course which falls between two stools.

Yours faithfully,

D. A. KEABLE-ELLIOTT.

c/o East Wing,
Guy's Hospital,
London, S.E.1.

Friends' Derby Sweepstake

SIR,—Mrs. Arthur Franks, the Vice-Chairman of the Services Branch Sub-Committee of the Friends of Guy's Hospital, is organising a Derby Sweepstake in aid of the Children's Departments of Guy's Hospital.

The prizes will be:— 1st £250, 2nd £150, 3rd £75, and 4th £40, with every horse drawn winning £3.00. The draw will take place at tea after the Annual General Meeting of The Friends of Guy's Hospital on Wednesday, 26th May.

The tickets will cost 10p each, books of 10 for £1; and may be obtained from:— Mrs. A. C. Campbell, Hon. Secretary, Services Branch, The Friends of Guy's Hospital, London, S.E.1. and from Mrs. M. McGlone, Group Co-ordinator of Voluntary Services, 4 St. Thomas Street, London, S.E.1.

Your assistance and that of your readers would be greatly appreciated in this very worth-while project.

Yours faithfully,

Mrs. A. C. CAMPBELL,
Hon. Secretary.

Friends of Guy's Hospital,
London, S.E.1.

The Pre-Clinical Course—A Reply

SIR,—I was much impressed by the good sense and constructive criticism in the letter from Wesley Scott-Smith which appeared in your issue of 31st January, 1976. The Pre-Clinical Course is, as he intimates, still in process of evolution, though its planners must perform the difficult tight-rope task of preserving a modicum of stability in the midst of change.

Immediately after reading the letter I invited Mr. Scott-Smith to "chew the rag" with me—not least to dispel his, to my mind, exaggerated view of the dearth of contacts between staff and students. My own experience is quite different; but it is clear that many students, perhaps through a misplaced politeness of diffidence, do not play their part in such discussions, which can be most interesting and sometimes fruitful. Mr. Scott-Smith and I have lived and worked in the same place for almost two years and only now (and at my invitation) have we realised how much common interest—and agreement—we share in the problems of teaching and learning. On one, rather depressing point we completely concur: apathy regarding these problems, which is widespread and particularly so amongst the student body. One can only hope that the curriculum planners and the small minority of *overtly* interested students will receive more open support from their peers, who are certainly less loquacious but perhaps more interested than at present appears. Of course, it must be remembered that many individuals, staff and students alike, are disinterested in apparently endless speculative discourse, which so often proves sterile. But discourse must precede action if the latter is to be appropriate and profitable. Let us hope that both activities will increase, in a School in which, potentially, relations between staff and students are excellent. But *both* must encourage the *rapprochement*.

Yours faithfully,

ROGER WARWICK.

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, S.E.1.

Shortage of Money in the N.H.S.

SIR,—My wife and I, both doctors working at Guy's, have our permanent address as the East Wing. We both recently received a letter from the Superintendent sent to the East Wing bearing a first-class stamp. This prompts me to ask whether the post room at Guy's is in the habit of stamping all internal mail, and if so I can only conclude that it is no small wonder that the N.H.S. is short of money.

Yours faithfully,

C. G. LANGDON,

c/o East Wing,
Guy's Hospital, London, S.E.1.

Residents' Play

SIR,—I am sad to hear there will be no Guy's Hospital Residents' Play in 1976. In 1946, after the second world war, doctors Michael Price, George Scott, Tom Hills and others worked hard to start the series anew. It is a pity that no substitute for the Physiology Theatre can be found.

The Royal Sussex County Hospital Residents' Christmas Show "happened" just before Christmas '75. Inspired by a team of Guy's graduates, supported by representatives of other hospitals, the show ably maintained the image of the Residents' Play in little London by the sea.

If Brighton can do it, Guy's Hospital should.

Yours faithfully,

P. A. LANE ROBERTS.

Royal Sussex County Hospital,
Brighton, Sussex.

Community Action Group

SIR,—The Guy's Community Action Group is flourishing, having become a member of the Clubs' Union in 1974. Through contacts with Charterhouse-in-Southwark we have taken groups of local children to the Zoo, Circus, Cinema, Richmond and Regents Parks and on several other trips. We have complimentary tickets to take forty children to the Greenwood Theatre to see Cinderella in the near future.

There are major benefits to the students as well as the children from these trips which provide valuable contact between Guy's and the local community. The students enjoy themselves enormously and gain experience of normal children.

Unfortunately we have been unable to continue our visits to St. Mungo's night shelter for down-and-outs due to lack of funds from the Union.

However, anyone wishing to help with the Charterhouse Boys' Club or arrange trips for these children is welcome.

Yours faithfully,

D. STEPHENS,
President—Community Action Group.

c/o East Wing,
Guy's Hospital, London, S.E.1.

Crisis of Confidence

SIR,—This is a brief reply to the misunderstandings and disagreements expressed in January's *Gazette* with regard to my letter in the Christmas edition.

Equality of health care is not synonymous with impersonality and a forty hour week, nor does it imply the assumption of equality of suffering. The individuality of the service depends more on the attitudes of individual doctors than the nature of the system within which they work. Equal health care is broadly speaking based on need rather than ability to pay. Put simply the tramp's appendicitis is treated long before the factory worker's hernia, which in turn is treated long before the rich man is given a face lift. Perhaps "equality" is a misleading cliché but, like many inappropriately named medical conditions, it is generally understood and accepted.

I find all dental charges and means tests abhorrent and any increases in these regretable and certainly contrary to socialist policy. The Labour government is based on a compromise between "true" socialists, "liberal" capitalists and representatives of certain sectional interests. As such, I prefer this compromise to the viable alternatives but I oppose many of its actions. Increased charges and means tests are forced on the socialists by the Labour right wing and the opposition who call for reduced public spending and taxation cuts.

My concern is not the integrity of the profession but rather the health and prosperity of people. Therefore, I do not hope the "profession survives entire" but that it adjusts and changes to more nearly meet the needs of those whose blood and sweat provides the foundations of this nation's affluence.

Yours faithfully,

D. C. MARKWELL.

c/o East Wing,
Guy's Hospital,
London, S.E.1.

NOTICE

CHRISTIAN UNION DIARY

The following Christian Union meetings have been arranged for March and April. All meetings are at 5.30 p.m. in the North Common Room.

April 2nd—"Enjoying the Lemonade". Greg Shaff.
April 9th—"Support your Local Poet".
April 16th—Easter Celebrations.

SPORT

Sports Commentary

The new year has brought only a few changes to the Sports Scene at Guy's including the unwelcome appearance of cold blustery winds, rain and occasionally snow. For those playing at H.O.P., the clubhouse is indeed a very warming sight. It is at times such as these that we fully appreciate the hospitality of Mr. Eric Dann and his wife.

In spite of the weather, there are some encouraging trends sports-wise. It is evident that more students are becoming actively involved in sport, refusing to be submerged in the apathy, often so endemic at Guy's. New faces are always welcomed, since (unfortunately) we inevitably lose a number of "personalities" each year. This has been the case recently after the dental finals and conjoint exams. The "escalation" in recruitment is illustrated in the hockey sides—benefiting from some talented freshers and some older students. Consequently, the 2nd's hockey has improved their results against Romford (1-1), City University (2-2) and gained a splendid win over St. Thomas's in the Cup (2-1).

The previously sagging morale of the 1st XV Rugby has recently been uplifted by some creditable performances. This was probably best seen in the match against Coventry (in spite of the scoreline), when the whole team put up a spirited effort against one of the best club sides in the country. Meanwhile, the 2nd XV pulled off a good win over Goldsmiths' College 1st XV 28-17, followed by a closely fought match against the London Hospital in the Cup. The game turned in Guy's favour late in the 2nd half, ending with a score line at 26-13. The "Beers" also seem to be hitting peak form just lately, with wins over Home Park (28-8), King's College (25-0) and Charlton Park (38-0).

RUGBY

Guy's 1st XV 0 vs. Mountain Ash 0

Saturday, 31st January, at H.O.P.

When most rugby fixtures had been cancelled, Guy's persevered—and rightly, because although the pitch was hard, it provided the setting for an exciting game and probably the hospital's best performance this season.

As much in an effort to maintain body temperature as to play open football, Guy's decided to run the ball from every position. Consequently, both wings received more passes than on countless previous occasions. Scoring chances came but were narrowly missed. Francis crossed the line once but his try was disallowed. Four attempts at penalty also went awry. Between these missed chances was some fine running from the backs and a confidence that has not been previously displayed this season.

Much credit is owed to the hospital forwards who won successive mauls and rucks. Capp, in his first game, excelled in the loose play and several times wrested the ball from the opposition. The tight too produced a measure of success and Challacombe's jumping secured virtually all the balls thrown to the front of the line-out. There were even occasions when the scrum moved forward, spoiling the Mountain Ash position.

Despite the conditions, players were still prepared to tackle and the back-row grounded their opponents with resolve. Broughton, at full-back, had a faultless game, catching some difficult kicks and finding touch with coolness, despite the thundering sound as the Mountain Ash forwards swept over the hard ground.

It was a pity that Guy's failed to score but their performance was gratifying and will help morale after losing their first cup game.

Team: R. Cording, T. Gibson, I. Neill, P. Loxton, S. Challacombe, N. Capp, L. Hughes, J. Brazier, R. Laws, G. Owen, R. Moore, S. West, G. Francis, A. Portelly, M. Broughton.

T.G.

Guy's Past 17 vs. Guy's Present 14

Sunday, 18th January, at H.O.P.

It had been a disappointing week for the Hospital team, firstly because their Hospitals' Cup game with St. Georges had been cancelled and secondly because they lost a careless game to Taunton. However, the weekend was brightened by the annual Rugby Club reunion.

On the Saturday evening preceding the game, past and present members of the Club assembled in the East Wing. More than 100 people attended, a tribute to the hard work of the organisers and an attestation of the increasing popularity of the event. Credit must go principally to Steve Challacombe whose industry and facility of organisation are indispensible to the reunion weekend. Hugh Burry helped considerably by maintaining links with past members through the Supporters Club newsletter. Richard Hughes also contributed enormously by his efforts leading up to the reunion evening, and the following day. In this he was helped by Greg Earnshaw. Chris Neville once more organised the past team of players.

Despite their lack of team experience the past backs had an impressive game. Their speed, passing and determination produced some free flowing rugby that was difficult to resist. The strong running Yetton scored the first try after breaking through the centre. The past side led 7-6 at half time, Evans having added a penalty kick.

The forward tussle was fairly even with solid scrummaging and good jumping particularly by Cockburn (borrowed by the present side), Kingdom and Neville. John Davies returned to the front three after his recent injuries and despite the loss of a knee-cap was quite a handful for his opponents. He was ably supported by Chris Lewis and Gethin Evans, the latter having lost none of his skill in the loose. The second half saw further examples of good football. Rowlands secured a second try for the past players and Price scored the best try of the match after the ball sped down the line from a loose maul. It was a superb illustration of how a well executed, orthodox move can effect results. The present side played well but wasted many chances. The points came from tries by Cockburn and Neill and a drop-goal and a penalty by Owen. Overall, it was a memorable afternoon and in association with the reunion dinner and dance, set a pattern which one hopes will be repeated for as long as rugby is played at Guy's.

Teams:

Past: M. Danford, R. Yetton, A. Cook, P. Williams, J. Price, B. Rowlands, B. Moore, D. Curzon, C. Neville, I. Baker, A. Kingdom, K. Rigg, J. Davies, C. Lewis, G. Evans.

Present: M. Broughton, G. Francis, G. Owen, S. West, A. Portelly, R. Moore, R. Laws, B. Hagan, L. Hughes, P. Loxton, M. Cockburn, S. Challacombe, I. Neill, T. Gibson, R. Cording.

T.G.

Guy's 6 vs. London Hospital 9

2nd round, United Hospitals Cup Competition.

Thursday, 29th January, at Teddington.

It was a bitterly cold and windy day, conditions hardly conducive to entertaining rugby. Choosing to play with the strong wind, Guy's had to establish a firm lead in the first half to be sure of holding their own when they turned. Unfortunately, they failed to do just this. Most play in the first half was on London Hospital territory but given the fierce tackling of cup rugby there was little opportunity to develop attacking moves. On a few occasions Guy's were near to crossing the line and thrusting breaks by Hagan, Brazier and Hughes just failed. Opportunities arose with a series of penalties and Danford succeeded with two and narrowly missed with three. London replied with a solitary penalty goal in the first half.

The second half was characterised by a hard struggle to keep play within striking distance of the London line and this became increasingly desperate as time passed. Time and again, a clearing kick would float 30 to 40 yards and undo the staunch efforts of the Guy's forwards. Nevertheless, Guy's did much better than the London in pressing against the wind. Challacombe in the line-outs and Cording in the loose, performed sterling work with nought to show for it. At times tempers flared and blows were exchanged but this reflected frustration with conditions and the usual tempo of a cup match. Guy's had no further penalty attempts. By contrast the London were given another two opportunities and missed neither. So, by three penalty goals to two, the London, by no means the better side, move into the semi-final of the competition. There was no consolation for the Guy's players who felt that they were always on top of their opponents and had every reason to feel cheated when the whistle eventually blew.

Team: T. Want, T. Gibson, R. Cording, P. Loxton, S. Challacombe, B. Hagan, L. Hughes, J. Brazier, R. Laws, R. Moore, G. Owen, S. West, G. Francis, A. Portelly, G. Danford.

T.G.

BADMINTON

It seems a slightly belated date for a first report concerning the successes of the Badminton Club, but better late than never !

This is the first season that Guy's Hospital have played U.L. league and cup badminton and thanks to the support of the Medical School and the efforts of club members we at least have improved the Pavy Gym sufficiently to play in. The floor has been sanded and a new court marked out, whilst the walls at each end of the gym have been painted a sickly green. Our only hope is that people using the weights do not cut the floor up too much! As yet we have not lost in the mixed league matches, having beaten Q.E.C., Q.M.C., I.C., and every other initial in U.L. The men have not been quite as consistent, only winning two out of four matches. Perhaps we do not quite have the depth of players as yet for league badminton. Our greatest success is our unbeaten run in the U.L. Cup this year, which has taken us so far to the semi-finals which will be held on the 24th February. We have been able to field an exceedingly strong side consisting of one international and a couple of county players—unfortunately they have not been able to play for us in all our games.

As a new aspect to hospital life the Badminton Club should be an asset. It mixes the dubious business of sport with the obvious pleasures of mixed company ! Needless to say, the more company we have, the better the club will flourish and the greater the enjoyment. Anyone and everyone is welcome, be it physio, nurse or student. The key for the badminton club locker is available from the E. Wing Porter and we play on Wednesdays, Thursdays and Friday evenings.

Any enquiries to Mark Harris or Bob Hannaford (c/o E. Wing).

M.H.

HOCKEY

2nd XI Review

The standard of 2nd XI hockey at Guy's is definitely showing an upward trend. The aetiology of this improvement seems uncertain however, the emergence of several new talents in the side has helped considerably. The 1-1 draw at Romford on 17th January was a very pleasing result and all who played enjoyed the match tremendously. The goal scorer was Pete Rowley, playing in his debut match for the 2nd's. Two other newcomers produced the two goals in the draw against City University, namely Houghton and Patel, the former also scoring a superb goal in the 3-1 loss to Orpington.

The dramatic change in the weather brought snow in the match against Tulse Hill (causing slight problems for those be-spectacled members of the team). Guy's played for 15 minutes without a goalkeeper and conceded an early goal in this period. However, a weak 16-yard hit by the Tulse Hill full-back presented Guy's with an equaliser. The ball was "dribbled" in

by Wes Smith with the aid of a miskick by the Tulse Hill goalie. Encouraged by their good fortune, Guy's raised the level of their game, only to be beaten by two good goals late in the 2nd half.

W.S.S.

WATER POLO

The U.L.U. league started in January and last week the 1st team had their greatest victory for several years. Scoring an average of one goal every 90 seconds, the final score was 10-0. Ironically, the league points had to be forfeited because we had only six out of the required seven players. The week before the 1st team had another triumphant victory: 4-1 vs. I.C., again with only six players, but by agreement with the opposition at the start of the match the points were allowed (they only had six players as well; it seems to be a common problem). The 2nd team has been more successful in one respect but less in the other; they had a full team in their two matches but lost both of them. They have played Bart's and St. Mary's, losing 1-4 on each occasion. As half of these players only started playing this term we cannot be too disappointed, they still have to learn the basic match tactics.

Since we seem to be short of players, I would like to take the opportunity of encouraging more people to join the Water Polo Club. We need players of any standard, including those who have never touched a water polo ball before. If you can swim, you can play water polo. We would like to see more of the Wolfson House residents who, at the most, have to walk 30 yards (with a half-way rest in the lift) and can even change in the luxury of their bedrooms. Training is on Mondays at 7.00-8.30 at the Guy's pool, and even if you don't like the game, at least you have had a free swim!

M.H.M.

SWIMMING CLUB

Guy's vs. Royal Holloway College

On Wednesday, 11th February, Guy's swimming team had their first ever home match, their opponents being Royal Holloway College. Both teams were fairly matched in the first few events, the points remaining equal. The Guy's ladies' team were beaten by a much stronger (and bigger) Royal Holloway team. However, Guy's men's team swam very well and won their match. Pauline Arnold acted as announcer, starter and scorer, and managed to organise the events very well, despite a few false starts. After the match both teams retired to the 8th floor common room of Wolfson House for refreshments. Both teams had a very enjoyable evening. We hope to arrange more matches against other London colleges and hospitals in the near future and more support would be appreciated. It is surprising that there is so little enthusiasm in swimming although we have our own pool. Surely Guy's must have some more good swimmers hidden away somewhere? A little less apathy and laziness might help. Please try to make the little effort necessary to come swimming on a Monday and Wednesday evening at 7.00 p.m.

Ladies:

Guy's 24 points.
R. Holloway 38 points.

Team: C. Smith (capt.), M. Ganczakowski, S. Higgs, G. Trounce, S. Saunders, M. Burgess, R. Troughton.

Men:

Guy's 35 points.
R. Holloway 27 points.

Team: A. Smith (capt.), M. Miller, D. Rickard, A. White, D. Wong, P. Robinson.

C.J.S.

SAILING

Guinness Cup

The 1976 inter-hospitals Guinness Cup was held at the Welsh Harp on Saturday, 24th January, in a light northerly breeze. Ten hospitals entered the competition which was yet again organised by Guy's—winners for the previous three consecutive years.

In the first round Guy's were drawn to sail St. Mary's and were in a leading position after the first race, but dropped several points in the second by conceding several penalty points because of rule infringements. Despite this we managed to win the match by half a point.

In the next round against the London Hospital, Guy's convincingly won the first race, Andrew Houghton sailing particularly well to finish first. However, yet again, we had to concede three penalty points for rule infringements. Guy's started very poorly in the second race and never recovered, finishing in exactly the opposite places to those gained in the first race. Unhappily, therefore, we were eliminated from the competition.

The final was between the Middlesex and London Hospitals. The former, who were the favourites from the start because of their high proportion of U.H. sailors winning by a considerable margin.

Unfortunately this year, Guy's lacked the benefit of experience in team racing, although appearing to have adequate boat speed. Perhaps the lessons learnt will prove useful in the Castaways Cup at the end of February.

Thanks must go to all those from Guy's who helped to run the bar, kitchen, rescue and committee boat, and especially to Nick Surridge, who acted as beach master so efficiently, despite the Arctic conditions. We were also grateful to those from other hospitals who helped in several ways, but especially to Guinness who, as ever, generously provided barrels of their excellent brew, gratis. We look forward to thanking them in person at the Guinness Dinner, which will probably be held in late May.

Team: Simon Girling, Andrew Houghton, Roderick Ingham, Neil Kaye, Rodger Martin, William Sudell.

United Hospitals Sailing Club A.G.M. and Dinner

Guy's Hospital Sailing Club had the honour of being hosts to the U.H.S.C. A.G.M. and Dinner on Thursday, 29th January.

At the A.G.M. Mr. Kinder was elected to the post of Vice-Commodore and Dr. J. Epsom, the Rear-Commodore, outlined progress on the barge—the new U.H.S.C. Club House which will be ready for use next season at Burnham-on-Crouch. Mr. Qvist, the President of the Club, and Professor Quilliam, the Commodore, were present at the Dinner along with fifty-two other members and guests. Our thanks go to all those who helped in the preparation of this enjoyable evening, especially to the catering staff who provided an excellent buffet.

W.S.

Forthcoming Events:

Wednesday Afternoons—University of London Sailing Club Inter-collegiate league matches.

Saturday, 28th and Sunday, 29th February—Castaways Cup—University of London Inter-collegiate competition.

LACROSSE

Unfortunately, at the moment, there is no lacrosse team at Guy's. However, we would like to mention the fact that people from Guy's do play, either for the University of London, or for one of the many clubs around London. Much interest is shown in University Lacrosse as proved by the fact that a British Universities team is touring (for the first time) the U.S.A. for three weeks this March. Six of the touring team are from London University !

We would like to encourage more members of Guy's Hospital to play Lacrosse and to contact us about it. Then we could consider the possibility of forming a Guy's Ladies team next season. This would of course include nurses and physiotherapists, etc. Meanwhile, there is the University team (for Medics and Dentists) or other Ladies' Clubs we can put you in touch with.

M. Long, C. Francis.

CURIOUS PROBLEMS

Answer to Curious Problems No. 2.

There are various ways of solving this puzzle, but the simplest, I think, is the following. Suppose the six-figure number to be 843,712:

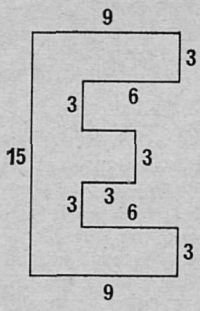
i. If you divide it by 2, is there any remainder? No.

ii. If you divide the quotient by 2, is there any remainder? No.

iii. If you divide again by 2, is there any remainder? No.

Your twenty questions will be all the same and, writing from right to left, you put down a zero for the answer "No", and 1 for the answer "Yes". The result will be that after the twentieth question you will get 11001101111111000000. This is, of course, 843,712 written in the binary scale.

CURIOUS PROBLEMS No. 3



Can you dissect this letter E with only 5 pieces so they will fit together to form a perfect square?

All measurements are in S.I. units so that there should be no doubt as to the correct proportions of the letter.

After you have solved the problem, see if you can reduce the number of pieces to four, with the added freedom to turn over any of the pieces.

J.E.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

School-based Second Examination for Medical Degrees

December 1975

J. A. Gibson

Second Examination in Dental Surgery

December 1975

A. S. Caley
Mignonne E. G. Davies
J. K. Farquharson
R. D. Forrest
M. P. R. Harben
Susan Higgs
A. A. Matheson
D. B. Patel
A. J. Patterson
Angela Rumble
N. S. Saunders
Brigit M. Wilmers

M. Phil.

Jocelyn P. Germain (Developmental Pathology)
A. McBurney (Medicine)

Ph. D.

J. A. Rooke (Biochemistry)

Third (B.D.S.) Examination in Dental Surgery November 1975

Part I

J. A. Bell
C. J. Dent
B. F. Hagan
R. P. Ingham
Jane A. Ingram
P. J. Jones
P. A. J. Keen
Nichola Lolley
H. J. Longton
C. J. Mitchell
N. J. Oscroft
A. J. Patching
P. S. Reynolds
Sylvia R. D. Saunders
N. S. Singer
Jane E. Taylor
S. J. Thomas
Sarah I. Wallis

Part II

Pauline I. Arnold
Helen J. Ash
H. M. Attenborough
G. Avetoom
Clare Z. Bennett
Pia M. S. Birch
Anne R. Brown
M. G. Bull
Michelle A. Bulline
M. A. W. Bunyard
Mary C. Burgess
D. E. Chalom
V. Chia Kok Meng
S. C. Cole
J. P. A. Cooper
Margaret L. Croysdill
R. N. Edwards
Deborah M. Gaskell
Jane C. Gibbon
I. B. Gough
I. F. Haley
D. C. Hughes
Hazel J. Ibbetson
S. M. Jefferies
M. W. Jones
L. N. I. Kaba
D. A. A. Kassam
P. A. J. Keen
Sandra E. Kitchen
J. C. Leach
I. Litchfield
Janet F. Loch
Anne-Siri McGuire
Carol I. Mander
G. Mason
Shirazali S. A. Merali
N. J. Middleton
D. L. Miller
A. Milosevic
D. M. New
Carol A. Nixon
R. W. R. Nurse
M. R. Owen
R. A. Parham
Lesley M. L. Peacock
I. Pheonix
R. M. Piper
A. C. Portelly
I. Puleston
I. Redfern
Patricia A. Reynolds
P. M. G. Rosie
J. M. Ryan
P. M. Sinclair
Hanna I. Skapski
Christine J. Smith
S. T. Stanley
Jane E. Taylor
D. H. T. K. Tewson
Rosamond D. L. Troughton
Gillian E. Trounce
C. K. G. Wagaiyu
Sarah I. Wallis
J. R. Wells
M. A. J. Wills
R. W. Wilmott
R. C. Woodward

Part III

I. S. Bell
Pia M. S. Birch
Elizabeth M. Brownbridge
M. G. Bull
Michelle A. Bulline
Mary C. Burgess
S. I. M. Caley
D. E. Chalom
V. Chia Kok Meng
J. Clark
S. C. Cole
Margaret L. Croysdill
D. R. Evans
R. P. Evans
E. Fan
Deborah M. Gaskell
Jane C. Gibbon
A. Greenwood
I. F. Haley
J. H. Harker
W. H. Harley
C. W. Hendy
D. C. Hughes
Hazel J. Ibbetson
N. M. Ismail
L. B. Jacobs
M. W. Jones
R. W. Jones
L. N. I. Kaba
S. Khan
J. C. Leach
A. M. Lester
I. Litchfield
Anne-Siri McGuire
Carol I. Mander
N. J. Middleton
D. L. Miller
A. Milosevic
D. M. New
Carol A. Nixon
R. W. R. Nurse
J. G. Owen
M. R. Owen
R. A. Parham
K. Parsons
Lesley M. L. Peacock
J. A. Pettifer
I. Phoenix
R. M. Piper
T. M. L. Ramchandani
I. Redfern
Patricia A. Reynolds
P. M. G. Rosie
J. M. Ryan
P. M. Sinclair
Ayse C. Sivas
Hanna I. Skapski
Christine J. Smith
S. T. Stanley
Caryl E. Sycamore
Jane E. Taylor
D. H. T. K. Tewson
A. B. Tidman
Rosamond D. L. Troughton
Gillian E. Trounce
C. K. G. Wagaiyu
Sarah I. Wallis
J. P. S. Williams
M. A. J. Wills
R. W. Wilmott
R. C. Woodward
G. A. Zaki

Part IV

R. C. Davies
B. S. Everett
Irfana S. Hussain
N. M. Ismail
D. A. A. Kassam
A. C. Portelly
C. D. Williams
R. C. Woodward
C-W. W. Yung

UNIVERSITY OF OXFORD

2nd B.M. Examinations

Michaelmas Term 1975/January 1976

Stage I

Grizelda J. C. George

Stage V

P. D. Home

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

November 1975

A. H. Osborne
A. J. French
J. M. Morsman
N. A. G. Jones

SOCIETY OF RADIOGRAPHERS

October 1975

D.S.R. Part II (R)

Miss Caroline Freeth
Miss Michelle Gret
Miss Jane Grout
Miss Susan Hancock
Miss Claire Jesse
Miss Dawn Leeder
Miss Heather McLaren
Miss Alison Montgomery
Miss Enda O'Callaghan
Miss Mahasweta Patel
Miss Noelle Skivington

D.S.R. Part II (T)

Miss Jane Brown
Miss Elizabeth Giles
Miss Claire Parry

D.S.R. Part I

Miss Jillian Ansell
Miss Gillian Barber
Miss Elizabeth Burnapp
Miss Rosemary Cox
Miss Jacqueline Cran
Miss Sharon Farrow
Miss Angela Greenheld
Miss Paula Le Garst
Miss Hilary McDonald
Mrs. Lesley Perry
Miss Beverley Robinson
Miss Lesley Thomas
Miss Louaine Ward
Miss Denise Wellman

Carter Braine Prize for Radiotherapy

Miss Jane Brown

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Finals Examination November 1975

Mrs. B. M. Bishop
Miss J. H. Boog-Scott
Miss R. Y. Burbidge
Mrs. P. M. Draper
Miss G. J. Flook
Miss J. Godsall
Miss S. A. Habberfield-Bateman
Miss C. E. Hill—Credit
Miss T. E. Kalheim
Miss A. K. Kingsbury
Miss G. A. Maeers
Miss E. A. Meire
Miss D. M. E. Pullen
Miss L. A. Rugg
Miss D. M. Sherwood—Credit
Miss E. J. Warmington
Miss A. S. M. Winney

HOUSE APPOINTMENTS

GUY'S HOSPITAL

1st March 1976

House Physicians

Dr. Mann, Dr. Scott and Dr. Joiner — Mr. C. A. Akle *6 months*; Mr. M. S. Phillips *6 months*

Prof. Lessof, Prof. Keen and Dr. Dowling — Mr. J. F. L. Shaw *3 months*; Mr. P. Blake *3 months*; Mr. P. D. Home *6 months*

Dr. Houston, Prof. Trounce, Dr. Knight and Dr. Grimble — Mr. N.W.T. Harradine *3 months*; Mr. P. N. E. James *6 months*; Mr. A. D. Mayer *6 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis — Mr. J. D. McArthur *6 months*; Mr. I. C. Forgacs *3 months*

Mr. Lawrie, Mr. Beard and Dr. Winter — Mr. P. N. Adams *3 months*; Mr. J. Dennison *6 months*

Mr. Glover, Mr. O'Flynn and Mr. McArthur — Mr. S. M. Raper *3 months*; Mr. I. R. White *6 months*

Prof. McColl, Mr. Rendall and Mr. Bewick — Mr. R. D. Ballantyne *3 months*; Mr. T. K. Lee *6 months*

Gynaecological House Surgeons

Mr. P. B. Stringer *3 months*
Miss A. G. Thomas *6 months*

Throat and Ear House Surgeon

Mr. C. G. Pinder *3 months*
Mr. M. W. Reeves *6 months*

Orthopaedic House Surgeons

Mr. D. J. Cole *6 months*
Mr. J. B. Karani *6 months*
Mr. D. C. Haiart *6 months*

Genito-Urinary House Surgeons

Mr. J. V. Gryf-Lowczowski *3 months*
Mr. A. West *6 months*

S.H.O. to the Renal and Transplant Unit

(S.H.O.) Mr R. A. Metcalfe *3 months*
(S.H.O.) Miss D. C. Phylactou *6 months*

Children's House Physicians

(S.H.O.) Dr. S. P. A. Rigden *3 months*
(S.H.O.) Vacant *6 months*
Dr. V. H. Livingstone *3 months*
Dr. G. Tobin *3 months*
Dr. A.C.F. Margerison *6 months*
Dr. R. F. Massey *6 months*

Casualty Officers

(S.H.O.) Miss M. E. Horgan *3 months*
(S.H.O.) Mr. K. Muntarbhorn *3 months*
(S.H.O.) Mr. H. R. Guly *3 months*
(S.H.O.) Mr. K. A. Grant *6 months*
(S.H.O.) Mr. R. C. B. Odgers *6 months*
(S.H.O.) Mr. P. A. N. Hutton *6 months*
(S.H.O.) Mr. P. H. Kay *6 months*

Resident Obstetricians

(S.H.O.) Mr. M. J. O. Coe *3 months*
(S.H.O.) Mr. P. T. Townsend *6 months*

Neurological House Physician

(S.H.O.) Dr. R. D. Armstrong *6 months*

Dermatological House Physician

(S.H.O.) Dr. J. G. Ayres *6 months*

House Surgeons to the Thoracic Unit

(S.H.O.) Vacant *6 months*
Mr. L. M. Rabb *3 months*

Resident Anaesthetists

(S.H.O.)	Dr. P. E. Lewis *3 months*
(S.H.O.)	Dr. A. R. Marsland *6 months*
(S.H.O.)	Dr. A. H. Malone *6 months*
(S.H.O.)	Dr. C. R. A. Bevis *6 months*

S.H.O. to Nuffield House

(S.H.O.)	Dr. L. Berkowicz *3 months*
(S.H.O.)	Dr. J. J. Oram *6 months*

House Physician in Child Psychiatry

(S.H.O.)	Dr. J. H. Pearson *6 months*

House Physicians in Psychiatry

Dr. T. Kidger
1 month
To be notified
6 months
from 1.4.76

House Surgeon in Ophthalmology

Dr. Z. Islam
6 months

ST. OLAVE'S HOSPITAL

House Physicians	Mr. P. G. Davies *3 months* Mr. R. A. B. Perkins *6 months*
House Surgeons	Mrs. M. J. Ballantyne *3 months* Mr. T. J. Meredith *6 months*
Gynaecological House Surgeon	Mr. R. Marwood *2 months*
S.H.O. in Psychiatry	Dr. H. M. D. Curling *1 month* To be notified *6 months* from 1.4.76

NEW CROSS HOSPITAL

House Physician in General Medicine with Geriatrics and Rheumatology	Mr. H. W. Jones *3 months* Mr. R. J. A. Butland *3 months* Mr. N. R. Drane *6 months* Mr. R. C. Parker *6 months*
Orthopaedic House Surgeons	See Under Guy's
S.H.O. to the Rehabilitation Uuit	Dr. D. Barclay *6 months*

BECKENHAM HOSPITAL

House Physician	Mr. R. N. F. Spence *6 months*
House Surgeon	Mr. P. Adams *5 months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Hartley and Dr. Thomson	Mr. H. G. Vyas *3 months* Mr. K. R. Mao *6 months*
House Physician to Dr. Mallinson and Dr. Blower for 3 months and Dr. Eliot, Dr. Colover and Dept. of Chest Medicine for 3 months	Mr. C. G. Langdon *6 months* Mrs. J. A. Langdon *6 months*
House Surgeon to Mr. Williams, Mr. Park for 3 months and 3 months with	Mr. S. A. Green *3 months* Mr. P. H. Rowlandson *3 months*
Mr. Stoker and Mr. Candy	Mr. S. K. R. Johnson *6 months* Mr. A. C. Stewart *6 months*
House Physician to Dr. Mallinson	Miss A. P. Hemingway *3 months*
House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf	Miss L.F.C. Lowenson *3 months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases	Miss J. Cavendish *3 months* Mr. R. J. Ede *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Miss K. M. Spencer *3 months*
House Physician to Dr. Stott	Miss C. M. Dicks-Mireaux *3 months*
House Physician to Dr. Staffurth	Mr. C. J. D. Maile *6 months*
House Physician to Dr. Llewelyn-Smith	Mr. R. H. K. Marsh *6 months*
House Surgeon to Mr. Lynn Evans	Mr. A. J. Nicholls *3 months*
House Surgeon to Mr. Ivo Smith	Mr. C. R. Kelsey *3 months*
House Surgeon to Mr. Le Brun	Mr. S. N. J. Daniell *6 months*
House Surgeon to Mr. Monty	Mr. E. C. Bray *3 months*
House Surgeon to Mr. Cavendish	Miss J. M. Metcalfe *6 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding and Mr. Lam	Mr. D. K. Evans *3 months* Mr. J. Squire *3 months*
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar	Mr. C. I. Mackenzie *3 months*
House Surgeon to Mr. Boxall and Miss Austin	Mr. S. G. Read *3 months*
House Surgeon to Mr. Walker-Brash, Mr. Glasspool and Dermatology	Mr. S. E. West *6 months*
House Physician to Dr. Southwell and Dr. Williams	Mrs. S. L. West *6 months*

PEMBURY HOSPITAL

House Surgeons	Mr. R. W. T. Nicholls *3 months* Mr. J. S. Tapson *6 months*
House Physicians	Mr. A. G. Hellyar *3 months* Mr. T. R. D. Bell *6 months* Miss Z. F. Zaimi *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians	Miss N. L. K. Fagg *3 months* Mr. J. M. Lamberty *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott	Miss M. G. Sharman *3 months*

BIRTH

FAULKNER : To Michael and Susan Faulkner, on 20th January, 1976, a daughter, Emma, sister to Katy.

ENGAGEMENT

The engagement is announced between Timothy James Palmer, B.Sc., and Rhona Elizabeth Hickman, L.D.S., R.C.S.

MARRIAGE

On January 17th, 1976, at Uplyme, Lyme Regis, Miss Gina Davies (Guy's nurse 1971-74) to Dr. Timothy Cox (Guy's 1969-74).

DEATHS

Mr. K. F. McAlpin, L.D.S., on 20th January, 1976.

Lt.-Col. J. F. F. Rooney, M.B.E., B.A., M.B., B.Chir., R.A.M.C.(Ret.), on 12th January, 1976.

Sir Aubrey Rumball, K.B.E., F.R.C.P., D.T.M.& H., D.P.M., L.D.S., R.C.S., in January, 1976

Mrs Winifred Dorothy Thornton (née Fawkes), Guy's trained April 1911-April 1914. Sister, Luke Ward, 1915-1918, on 21st December, 1975.

CHANGES OF ADDRESS

Judy and Stan Cooke, "Thatchings", 55 Sixth Street, Houghton, Johannesburg, South Africa. "Official" address : S. A. R. Cooke, M.S., F.R.C.S., Dept. of Surgery, Medical School, Hospital Hill, Johannesburg, South Africa.

Dr. Noel Curry, c/o Desert Gastroenterology Medical Group Inc., Suite 308, Kiewit Building, Eisenhower Medical Center, 39000 Bob Hope Drive, Palm Desert, Calif. 92260.

PERSONAL

A BRIGHT cheerful ground floor dental surgery to let, full or part time, used by previous Guy's man now retired. Long lease — possibilities. Tel. 01-935 5153. 4 Upper Wimpole Street.

SPEND 18th-21st March in Venice for £39.* *Including — Return flight, Transfer to/from Hotel by coach. Good second class Hotel with three nights accommodation (bed and breakfast). **No extra charges.** For more information ring Mr. Grant (Barber), Guy's Hospital, Ext. 2026.

TUNBRIDGE WELLS. Assistant Dental Surgeon needed with a view to partnership. Purpose built modern surgery. Hygienists. Laboratory on premises. Could be part time. Tel. Tunbridge Wells 20705.

Gloucestershire General Practitioner Training Scheme

Applications are invited for four Traineeships from individuals wishing to commence Vocational Trainees for general practice in June/July 1976. The scheme is arranged as a joint venture between Cheltenham and Gloucester Health Districts and the Area General Practitioner Advisory Committee. It will give the Trainee excellent grounding in all aspects of hospital and general practice and is approved for the Membership Examination of the R.C.G.P. One of the Trainers in general practice is a Guy's graduate.

The schedule of training and application forms are available from :

Mr. K. Jones, District Personnel Officer,
Cheltenham Health District,
Cheltenham General Hospital,
Sandford Road, Cheltenham, Glos.

PAPERS BY GUY'S MEN

Abdulla, Y. H. and another. Effect of ADP on PGE1 formation in blood platelets from patients with depression, mania and schizophrenia. **British Journal of Psychiatry,** 1975, **127,** 591.

Benson, P. F., Button, L. R., Batchelor, J. R., Bewick, M. and others. Increased breakdown of glycosamino-glycans and appearance of corrective enzyme after skin transplants in Hunter syndrome. (Correspondence). **Nature,** 1975, **257,** 609.

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Birkett, D. H. and McColl, I. The effect of sodium taurocholate on the permeability of antric and fundic gastric mucosa. (Abstract of paper given at 36th Annual Meeting of British Society of Gastroenterology on 25-27 September 1975). **Gut,** 1975, **16,** 822.

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Draper, P. and another. The primary-care practitioner—specialist or jack-of-all-trades. **New England Journal of Medicine,** 1975, **294,** 903.

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GUY'S HOSPITAL GAZETTE

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MANAGER L. PAYNE

MONTHLY 27 MARCH 1976 VOLUME 90 NUMBER 2256

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

COMMEMORATIVE EDITION OF THE GAZETTE

A special commemorative issue of the *Gazette* will be published in Summer to celebrate the 250th anniversary of the opening of the Hospital. This will be a retrospective account of the events taking place at Guy's in May and will also contain articles from the Clinical and Medical School departments concerning their history, present work and how they see their rôle at Guy's in the future. The topics being covered include the official opening of Guy's Tower by H.M. the Queen, the oration by Lord Brock in the Greenwood Theatre, the papers presented at the Scientific Symposium and descriptions of the exhibitions and demonstrations in the East Wing. We hope that this column will serve as an additional invitation to those who wish to contribute to this commemorative number and the Editor would like to remind them that copy should reach the *Gazette* office as soon as possible.

At a recent meeting of the *Gazette* committee the plans for this limited number publication were discussed. The Board of Trustees has very kindly offered significant financial backing for this important project and we hope that we will be able to provide a free copy for all of our subscribers. The exact details of distribution will be announced in due course but we strongly advise non-subscribers who would like to receive a copy, to write to the Manager, Mrs. L. Payne, for information regarding subscriptions.

MARCH

March is the month that heralds the end of winter and the beginning of spring, supposedly coming in like a lion and tiptoeing out like a lamb, or something to that effect; I forget the exact words. While the first rays of sunshine may send some people rushing to the wardrobe, to polish their bikinis and press their sunglasses in preparation for the balmy days of summer, the holiday atmosphere is not prevalent amongst the student body of Guy's. March is the end of the quarter, one of the four great financial blackspots of the calendar. Gone are the carefree days of January when old debts were paid with a flourish and cries of "Oh no, it's my round" resound around the students' bar. It is the time for turning out old suit-pockets in the hope that a five-pound note may have been laying there gathering dust, though seldom, if ever, is anybody lucky enough to find one. What are commonly found are IOU's from Magnus Bore for "Three pints of best bitter and two packets of peanuts". The Magnus Bores of the world are never to be found at such times—they usually contrive to be away on their electives or studying Paediatrics at Scunthorpe General. It is no comfort to realise that such types are probably knee-deep in beer and peanuts. March, as Ken Dodd might have it, "is a good month for dressing up your favourite granny and attempting to sell her body to medical science (again)."

One particularly desperate friend of mine (who prides himself on the fact that he will try anything once) took a job cleaning out the lion cages at Regent's Park Zoo during weekends. This turned out to be another way of donating his body to medical, or perhaps veterinary, science the only advantage being that it was merely piece-meal and paid by the hour.

In spite of the recent generous increases in Grants for all students, which were most gratefully received, grants for medical and dental students still leave a good deal to be desired. It seems ludicrous to me that we should be paid at the normal students' weekly rate for the first thirty weeks of the year and paid considerably less for the excess weeks that we work. This means that our average weekly allowance is much lower than that of the average student. When it is also taken into consideration that we have no long vacations in which we can earn money to subsidise ourselves, the situation appears even worse. This particular problem has long vexed us, but, as a body of students, we have been studiously ignored by the N.U.S. since its inception and consequently have had no support for this claim. To be fair to the N.U.S., we are, on the whole, a pretty inarticulate and apathetic bunch of negotiators, which is why I am sticking to turning out my suit-pockets.

NEWS IN BRIEF

Farewell to Dr. Mann

On Friday, 20th February, a highly successful party was held to say "goodbye" to Willie Mann, who is retiring in April. The party was held in the Robens Suite on the twenty-ninth floor of the Guy's Tower. Forty of Dr. Mann's past registrars and house officers came from all over Britain to be present and very many more sent greetings and best wishes although unable to attend in person. Dr. George Scott and Dr. Roy Goulding made entertaining speeches and an etching of Guy's was signed by all the guests and presented to Dr. Mann.

"Gazette" Appointment

It is with much pleasure that we announce the appointment of Wesley Scott-Smith as Sports Correspondent to the *Gazette*. Wesley, a Senior B.M.S. student, succeeds Angus Kingon to the post, and is already showing how useful his expert knowledge and diligent enthusiasm is going to be. We look forward to a long association.

Professor Montague Maizels

Professor Montague Maizels, M.D., F.R.C.P., F.R.S., emeritus professor of the University of London and an ex-Guy's student, died on 10th February, 1976. He was seventy-six.

Professor Maizels passed M.B. in 1922, and gained his M.D. the following year. He remained at Guy's for his house jobs and was medical registrar here also, finally leaving Guy's to become pathologist to the Infants' Hospital, Vincent Square. In 1931, he became clinical pathologist at University College Hospital and it was there that he began his research into red cell membranes and metabolism. This led to his work of the Second World War; the setting up and running of the emergency blood transfusion depot at Maidstone. He returned to U.C.H. after the war, to become Professor of Pathology in 1951. Ten years later he was elected a Fellow of the Royal Society.

The Professor retired officially in 1964, but continued to research in the U.C. Biophysics Department during his retirement. He will be remembered with great affection by all who knew him.

Our sympathy is extended to his wife, Dulcie, and their daughter.

University Presentation Ceremony

H.M. Queen Elizabeth, the Queen Mother, the Chancellor of the University of London, was recovering from 'flu and consequently was unable to attend the Graduate Presentation Ceremony at the Royal Albert Hall on Wednesday, 10th March. Graduates, including many of the 1975 B.Sc. and M.B., B.S. graduates from Guy's, were instead presented to Sir Cyril Philips, the Vice Chancellor. Dr. J. C. Houston was present in his official capacity as Dean of the Medical and Dental Schools. A second ceremony will be held in May for those graduates still to be presented.

The Dunhill Section of Dermatology, The Gordon Museum

On Tuesday, 16th March, Mr. and Mrs. R. J. Lane and Mr. and Mrs. P. Easton of the Herbert E. Dunhill Trust, were the guests of honour at a Sherry Party in the Gordon Museum where Mrs. Lane opened the Dermatology Section of the Museum. The costs of modernising this part of the Gordon Museum and of installing a considerable amount of audio-visual teaching equipment have been met wholly from benefactions—paricularly a grant of £16,000 from the Dunhill Trust.

Before the opening, Dr. Louis Forman gave a brief summary of Joseph Towne's life and work and stressed how important the Section was to the teaching of dermatology to both undergraduates and postgraduates. He thanked Dr. Charlie Wells and Mr. John Maynard, Curator of the Gordon Museum, who had both put so much time and effort into this new development. He also expressed the school's gratitude to Mrs. Maynard who had helped with the impressive interior design. After the ribbon of Guy's colours across the threshold of the new bay had been ceremoniously cut with a pair of John Hilton's operating scissors (still remarkably clean and sharp) the fifty guests were shown round the new section by Dr. Wells and Mr. Maynard.

New Gynae Ward

The new Gynaecological ward which opened on the sixteenth floor of the Guy's Tower in December, 1975 has been given the name Braxton Hicks, after the eminent Guy's "Obstetric Physician" of the 1870s.

Wolfson House

Below is a further list of Guy's men and women, together with members of the staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press :

Dr. D. H. Broughton
Mr. F. G. Ellis
Dr. L. A. Emanuel
Mr. M. A. Gillon
Dr. R. V. H. Goulder
Dr. G. Holden
Col. I. A. Jackson
Dr. A. B. O. O. Oyediran
Dr. A. J. Pearson
Dr. and Mrs. P. S. B. Russell
Dr. R. W. Salmon
Dr. D. M. Smith
Dr. E. O. Sofowora
Dr. J. A. Sogbodjor
Dr. K. R. Stewart
Dr. T. G. Weston
Dr. H. Whitworth

Summer Dance

The Entertainments Committee of the Clubs' Union are organising a buffet dinner/dance on board the M.V. *Royalty* on Friday, 4th June, leaving Charing Cross Pier at 8.00 p.m., and arriving back at the Pier by 11.45 p.m. There will be live entertainment, as well as a discotheque. Double tickets, which are limited to 75, will be available soon from members of the Committee, at approximately £8. Apply to T. J. Palmer or F. J. Hughes, c/o East Wing.

Charity Lunch

The latest Charity Lunch, held in the East Wing on 4th March, in aid of the Leprosy Mission, succeeded in raising £52. This figure is lower than that raised by the last lunch but we hope this was due to running out of food rather than a lack of generosity on the behalf of the lunchers. Certainly people were given more information on the charity than ever before, Leprosy Mission posters, leaflets and slides all being used. A new feature that proved quite an attraction was a live jazz band, organised by M. Higgs. It provided an interesting spectacle which it is only hoped did not distract from the Leprosy Mission information! As ever, praise is due to those valiant sandwich makers led by Mrs. J. Popplewell. If anyone would like to enter the ranks please contact us. Many thanks are also sent to those firms that aided the provisioning of the lunch. If you've never been to a Charity Lunch, ensure you don't miss the next one; you'll certainly enjoy it!

J. A. Hancock.

Rising Subscriptions—An Appreciation

The *Gazette* Manager, Mrs. Lyn Payne, would like to thank all our subscribers for their co-operation in response to the necessary increases made recently in subscriptions. The prompt return of bankers orders and cheques has made a difficult administrative task much more bearable.

NOTICE

MINICOMPUTERS IN MEDICINE 76

Conference, 2nd and 3rd April : Greenwood Theatre.

Registration and Exhibition 5.30 - 7 p.m. on Thursday, 1st April.

Students : Admission Free on production of voucher obtainable from Medical School Office.

Staff : Registration fee £7.56 (inc. 8% VAT) per day. Forms from Secretariat: Miss C. Roney, 100 Park Road, London, NW1 4RN. Tel.: 01-723 6722.

CLUBS' UNION NEWS

New Clinical Course

The format of the new clinical course was published in the *Gazette* a few months ago. It has now had five months to work and people are already gaining their first impressions. It looked fine on paper, but in practice it has not been so good. As was mentioned in a letter in last month's *Gazette*, there are organizational problems, but more particularly, problems associated with trying to fit too much into too short a time. One is expected in the first two terms to learn basic medicine and surgery, to act as a foundation for future firms. By cutting down the length of the firms to two months and by introducing specialist topics and three afternoon lectures a week, this aim has been rendered extremely difficult to fulfil, if not impossible. And students' time on the wards of firms in outlying hospitals (which are probably better than the Guy's-based firms for achieving the aim) is severely limited because of having to attend lectures at Guy's. It would seem that the beginning of the course needs to be rethought. Who is to say that, later on, when one has acquired a good basic knowledge, the two month firms, with specialities included, won't be a good idea?

One of the best points to come out of the reorganization of the clinical course is the block pathology course. Of more equivocal benefit are the systematic lectures. This may be due to a fault in the basic idea, or its execution, and can be investigated. Whatever may or may not be done about the organization of the medical and surgical firms, the pathology course should not be altered. One solution would be to make the first two firms into three month firms and giving one month at the beginning of each to learning the basics: no speciality teaching or systematic lectures (assuming these were retained). This could be done by cutting out the statutory holidays, reallocating the holiday periods to the first two firms, and allowing students to take their holidays when they want, in two two-week periods. That is just one way of trying to achieve the aim of the first two firms. It would be possible to change the structure of the course, as the course at Guy's is school-, not university-based. Another change, of course, would be to revert to the old-style clinical course . . .

Summer Vac. Trust Fund

The Convocation of the University of London has a special trust fund, which is set up to provide grants to students for activities of special interest during the summer vacations. The activity need not be related to the course of study, although it should have some educational value for the student concerned. Further details are available from myself, Tim Palmer, care of East Wing, or from the Clerk of Convocation, University of London, Senate House, Room 101A, Malet Street, London, WC1E 7HU, enclosing a stamped, addressed envelope.

Tim Palmer.

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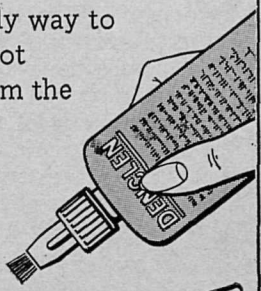

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OBITUARY

AIR VICE MARSHAL SIR AUBREY RUMBALL, K.B.E.

Air Vice Marshall Sir Aubrey Rumball, who died at home in Sussex, in December, aged 70, entered Guy's Hospital in 1922. He took the "double" course as it was known in those days and, after qualifying L.D.S. in 1926, he continued his medical studies, completing the Conjoint qualification in 1930.

After house appointments at Guy's, he joined the Royal Air Force in 1932 as a Medical Officer, thus beginning an outstandingly successful career in which he made major pioneer advances into the hitherto unknown field of Aviation Medicine. Service in the Middle East before the war stimulated an interest in tropical medicine but it was his work at the Flying Training School in Egypt that developed his appreciation of the immense psychological strain which air crews experienced, particularly under the adverse operational conditions in war time. His interest in this aspect of medicine was formalised when he spent a year at The Maudsley, studying for the D.P.M. which he obtained in 1939, just before World War II broke out.

There can be no doubt that Rumball's work in the field of aviation psychology was a major factor in the preservation of the limited manpower resources amongst fighter pilots and bomber crews.

After the war, he concentrated on clinical medicine in the Royal Air Force, as well as providing advice and opinions to Commonwealth and foreign Air Forces. He retired prematurely in 1966 in order to enable younger men to have greater opportunity for promotion.

Honours which were bestowed on him included Mention in Dispatches in 1933, O.B.E. 1945, C.B.E. 1954 and K.B.E. in 1960. He was Honorary Physician to King George VI and on her accession, to Her Majesty the Queen. The Lady Cade Medal of The Royal College of Surgeons was awarded to him in 1956.

After his retirement, Sir Aubrey undertook a number of interesting and important assignments which included advising the British Airline Pilots' Association, The Civil Aviation Authority, B.O.A.C and B.E.A., as well as the P. & O. Steamship Company. However, it was in 1970, when he had occasion to visit the Dental Department, that his interest in his first profession was re-kindled. Soon after this visit he came back for a refresher course and spent most of his time in the Department of Periodontology and Preventive Dentistry. He then joined a dental practice in Sussex where he made significant contributions to patient-care in the treatment and prevention of periodontal diseases.

Aubrey Rumball was a man of infinite compassion and humility. The patient was the only person who mattered and he regarded it as a privilege to be treating and advising him. He had a powerful intellect and was a most stimulating colleague with whom to discuss any clinical matters. Nothing was too simple or mundane to be beneath his consideration. He was a quietly spoken man of gentle manner; a person of few words but always wise ones.

His love for Guy's was infinite and there were few things which gave him greater pleasure than to walk through the collonade into the Park and reflect on the great men of his day.

In the death of Sir Aubrey Rumball, Guy's has lost one of its great sons.

Professor M. N. Naylor.

Guy's Hospital Dental Society Annual Dinner

The 70th Annual Dinner of the Guy's Hospital Dental Society was held at the Park Lane Hotel on Saturday, 6th March, 1976. Nearly 300 people attended. Mr. R. G. Hunt, President of the British Dental Association, proposed the toast to Guy's Hospital and Schools and explained that the new Guy's Tower literally made Guy's dentists "the top dentists in Britain", even though it was not materials that made a dental school but all the people inside it. Professor J. Trounce took "heed of the advice of one of the younger guests" in his reply and said that he hoped his speech would have the characteristics of a bikini; "brief, but just enough to cover the subject!" He spoke of the recent opening of Wolfson House by the Queen Mother and boasted (quite justifiably) that it was probably "the finest student hostel in London and certainly houses the finest students". He added that much credit for the extra financing was due to the hard work of the Dean and Mr. Donald Bompas. He also thanked the Wolfson Foundation for their considerable help and spoke of the Dean who had been earnestly trying "to separate tycoons from their wealth on the golf course, even though his golf had not improved!" He described how the whole campus was taking advantage of the splendid Orchard-Lisle swimming pool and how at night one could see the occasional (or odd) consultant "plodding his dogged way along the bath in the hope that his coronaries would be flushed out and his liver purified".

Mr. R. C. Bret-Day then rose amongst the continuing applause to propose the toast to the Guests in an equally amusing manner. He managed to mention each one and also tell some fine stories. The brave pilot relating death-bed statistics to his French girlfriend was warmly received. Professor D. E. Poswillo replied with wit and Australian charm on behalf of his fellow Guests.

The important toast to the President was proposed by Professor A. H. R. Rowe who certainly gave a detailed and caustically funny biography of the blushing and blanching Dr. Johns. Whether or not the Presidential synonyms, "cock of the walk" and "Bum-Bailiff" were accurate it was left to the "Lord of Creation" to rise and respond to a splendid introduction. Dr. R. B. Johns described how he was enticed into a cubicle by an attractive female dental student and persuaded to accept the post of "el Presidente". He agreed with Oscar Wilde's maxim from *Picture of Dorian Gray* that "the only way to get rid of temptation is to yield to it". It was left to Miss C. Crook, Hon. Secretary of the Society, to give the Annual Report and conclude the formalities. In all, a highly successful and enjoyable evening.

C.E.H.

CLINICAL DAY 1976

Saturday, 6th March, was a milestone in the history of Guy's, for it was the first occasion that Clinical Day was held in the new School and Hospital building in the Tower. In accordance with long-standing custom, the weather was bright and crisp as the alumni converged on their alma mater, and took the unfamiliar turn to the left as they emerged from the Collonade into the Park.

Once in the Tower and having reached the dental floors, old Guy's men and women began to see the splendour of the new facilities. The cramped accommodation which was dark and impossible to keep clean—even with the best will in the world—has been supplanted by large and spacious clinical areas and clinical rooms equipped with fine units and all necessary impedimenta required for modern dental practice. Even those who, under their breath, bemoaned the lack of character and "atmosphere"—whatever that may be—compared with the old building, were captivated by the tremendous panoramic view of London from the upper windows. It was a truly wonderful sight with the dome of St. Paul's glistening in the midday sun, the Palace of Westminster silhouetted against the western sky, and the North Downs clearly visible to the south.

The demonstrations this year were of a higher standard than ever and the additional space available for display made the combined activities of serious study of the material and meeting one's friends, a much more compatible exercise. There can be no doubt that Miss Archer and her staff in the Department of Medical illustration, working in collaboration with Miss Hodgkin and her colleagues of our own Photographic Department, made a tremendous contribution to the success of the exhibits. It is especially pleasing to note that not only will these all be available for the 250th Anniversary Celebrations and the opening of the Tower by the Queen in May, but as well, they can all be used for undergraduate and postgraduate teaching.

It is always difficult to pick out exhibits for special mention; they vary in content so widely, from the highly esoteric immunological problems of dental disease to such apparently simple everyday matters, but no less important, as eye protection, temporary crowns and plaque control. Virtually every member of the staff made a contribution, and were available to discuss their work and answer questions.

There were the usual theatre cases but instead of the traditional pre-prandial lecture, a series of films was shown in the new lecture theatre on Floor 30. However, no Clinical Day would be complete without Professor Cawson's 2.15 lecture—"Cases You Have Sent", which, as is customary, was fully attended.

Another departure from tradition was the Department of Conservative Dentistry's demonstration "Their Teeth in our Hands—an every day story of conservation". This took place in the smaller clinical area on Floor 25 and showed patients actually being treated by students, using the low seated four-handed technique. Not only

did this demonstrate splendidly the teaching of modern dental practice, but as well it proved to the alumni that contrary to rumour most things in the Tower do work!

A feature of this year's Clinical Day which was greatly appreciated was the new format of the programme of events. In addition to detailing the location of the demonstrations, it carried a message from the Dean of Dental Studies, Professor R. D. Emslie, photographs of Mr. F. S. Warner, Sub-Dean, and Dean of Dental Studies 1946-68, and Mr. F. Bocquet Ball, Sub-Dean of the Dental School 1920-1946, and some of the most interesting historic photographs recalling life in the Dental School's history. This splendid programme was the result of the inspiration and hard work of Dr. Richard Johns, President of the Dental Society, who not only collected the material but persuaded advertisers to buy space, and thus to cover the production costs. Surely this is an innovation worthy of repetition!

For lunch many visitors went to their haunts amongst the local hostelries. However, a number went to the Roben's Suite on the 29th Floor and enjoyed the chicken salad laid on by the college Catering Company.

To organise this annual clinical meeting a tremendous amount of work behind the scenes is involved by a large number of people. Planning begins in the previous November when the demonstrations and exhibits are decided. Soon afterwards the illustrators, which includes artists, photographers and chartists begin their work in putting the material together. The administrators, the maintenance engineers and the nursing and chairside staff all make vital contributions and in 1976 all this was superimposed upon the upheaval of moving into the Tower in September and the inevitable period of settling down. Surely this is overwhelming evidence for our alumni, that Guy's Hospital Dental School is in excellent heart and in no way deviated from its basic objectives of Teaching, Service and Research, despite the increasing problems and pressures associated with the current economical climate.

Clinical Day 1976 was a wonderful day and will long remain a happy memory for all of us.

M.N.N.

NOTICE

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before the publication date. Publication dates for the next three months are: 24th April, 29th May and 26th June, 1976.

Copy may be sent to us at 16, St. Thomas' Street, S.E.1.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

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SIR ASTLEY PASTON COOPER
1786 - 1841

The first in a series of articles on Some Famous Guy's Men.

by Rodger G. C. Martin

Few men have been more renowned in their day than the great "Sir Astley". A clergyman's son from Norfolk, he became in the first quarter of the nineteenth century the most popular and the best surgeon of his day. He is without doubt the most well known surgeon to be associated with Guy's Hospital and the Medical School which he did so much to set up.

His progress as a pupil was swift and yet he found time to get himself involved in numerous exploits and his hairbreadth escapes from trouble are reminiscent of students today. These wilder, more carefree days as a student stood Astley Cooper in good stead as his adventurous nature found scope in many a night expedition with the body snatchers or resurrectionists in their search for "subjects". He studied at Edinburgh for a year, then returned to London and attended John Hunter's celebrated lectures. In 1789, at the age of 21, he was appointed demonstrator of anatomy to St. Thomas's and, in 1800, surgeon to Guy's Hospital. He came into possession of a fortune by his marriage in 1791 and was thereafter able to devote himself to studying and teaching. The wedding was so quiet that on the evening of the same day Astley Cooper lectured on Surgery without any of his pupils becoming aware of his marriage. His usual routine was to rise at six, dissect until eight, breakfast on two hot rolls and tea, see poor patients until 9, attend to his regular consulting practice until one, when he would drive rapidly to Guy's to visit the wards; at two he lectured on Anatomy at St. Thomas's (which was just across the street at that time), after which he went through the dissecting rooms with the students and visited or operated on private patients until seven. He would then bolt down dinner, take a short nap and start out again for a clinical lecture, with another round of visits until midnight. As he drove from place to place he would dictate his writings to his assistants. He read very little and for this he has been criticised; however, he preferred to rely on his own extensive knowledge of anatomy rather than on the sometimes inaccurate writings of his colleagues.

Whilst Sir Astley was neither an original thinker nor a great discoverer, he was a really great surgeon. He was one of the pioneers in vascular and experimental surgery and the surgery of the ear. In 1808 he successfully ligated the common carotid and external iliac arteries for aneurysms and in 1817 came his celebrated feat of ligating the abdominal aorta just at its bifurcation for an aneurysm of the common iliac artery. In 1824 he amputated at the hip joint, the first time this operation had been performed. The whole operation with

the dressing, took half an hour. The patient, who bore it with extraordinary fortitude, said that it was the hardest day's work he had ever gone through, to which Sir Astley replied that it was *almost* the hardest *he* had ever had. Remember that all these operations were before the days of anaesthetics, antisepsis or asepsis. He was made a Fellow of the Royal Society for his work on perforating the tympanic membrane for deafness resulting from obstruction of the Eustachian tube. A slight operation for an inflamed sebaceous cyst on George IV resulted in a baronetcy in 1820. He was President of the College of Surgeons twice, in 1827 and 1836, and received many honours from universities and countries both at home and abroad.

Sir Astley decided to give up lecturing entirely in 1824 and it was generally understood that Bransby Cooper, his nephew, and Aston Key, a former pupil of his, would succeed him to the anatomy and surgery lectureships. However, to his intense annoyance, the Governors of St. Thomas's appointed someone else to both positions and would not let him withdraw his resignation from a lectureship he had held more than 30 years. Mr. Harrison, the Treasurer of Guy's Hospital, came to the rescue and started to build a medical school at Guy's, with Mr. Key and Mr. Bransby Cooper as lecturers in surgery and anatomy. This led to the opening of the new school in October, 1825. Astley Cooper's fame attracted many of the St. Thomas's students to Guy's and the new school at Guy's flourished from the very first.

After an active and restless retirement, Sir Astley died in 1841. A post-mortem examination was performed according to his wishes and a detailed account was published in the Guy's Hospital Reports for April 1941. By his own wish he was buried in the crypt of the Chapel. According to Benjamin Travers, a pupil of his, he was the handsomest, most intelligent looking and finely formed man he ever saw. In spite of his quick imperious temper, he was idolised by the students, who hung on his every word. It was quite usual for 300 students to attend his lectures on anatomy and surgery, which were always based on his own observations. He substituted practical demonstrations over an actual case for the old didactic theory-mongering of the past, and one of his best achievements was the large number of capable and spirited young surgeons he formed through contact with himself. He attributed his professional success to his uniform and unfailing courtesy to rich and poor alike, as well as to his zeal and industry. "No surgeon, before or since", says Bettany, "has filled so large a space in the public eye".

QUODLIBET SOCIETY

The revived Quodlibet Society, under the Presidency of Professor Lessof, is now one term old. In coming terms it plans to provide a cultural alternative to our traditional preoccupations with religious activities, drink and sports of one kind or another. Quodlibet is Latin for "what is desired" and, for those whose desires are not fulfilled on the rugby pitch, in the dark din of the bar or in the cloistered calm of the crypt, it could well provide what they have been waiting for.

Guy's social life is not notably varied or stimulating when compared with that of other similar institutions and with the opening of Wolfson House its deficiencies have become even more apparent. Funded by the generous bequest of a former patron, the late Sir John Conybeare, Quodlibet is organising twice-termly presentations by visiting speakers on cultural, scientific and contemporary affairs—with occasional films, debates or even concerts. In the coming term, for example, representatives from the Admiralty will be coming to discuss the present and future Royal Navy—operator of our nuclear deterrent—and a brass ensemble has been invited to perform a varied programme of music, ancient and modern.

Quodlibet is corresponding with the famous and infamous on your behalf—unfortunately Ted Heath, Lord Arran, Peter Neiswand and Enoch Powell cannot come at present, though Bob Mellish may be able to come in the autumn. There has been no word as yet from Field-Marshall Amin. If Quodlibet is not to sink again into the apathy from which it has but recently emerged it needs your support, and in particular your ideas for new activities. The Society has a pigeonhole in the East Wing for your suggestions.

Recent Meeting

On Tuesday, 2nd March, a large audience gathered to hear Dr. John Henderson's presentation on the life of the 19th century French physiologist, Claude Bernard. Scandalmongers attracted by the suggestive ambiguity of the advanced publicity were disappointed for Bernard, like most physiologists, was fairly virtuous.

For the genuinely curious, Dr. Henderson's talk provided an interesting and well-balanced introduction to Bernard's like and work. His logical approach to the study of the pancreas and the liver was simply and clearly explained, complemented by slides of contemporary engravings.

It was relieving to hear that even men of Bernard's magnitude make mistakes—perhaps their greatness lies in surviving them. His early pronouncements on gastric acid—which he thought was lactic, and the chorda tympani nerve—which he considered unrelated to taste and salivation—no doubt warmed many hearts. Still, if he could explain away the gastric cannula discovered in the police-chief's pet dog he was more than a match for his *faux pas.*

P.J.R.

MUSIC CLUB CONCERT

The Guy's Hospital Music Club presented another enterprising concert in Southwark Cathedral on Friday, 12th March, 1976. The strengthened orchestra was notable on this occasion for its Brass Section which showed to good advantage in the Gabrieli works which opened the concert. The Choir, after a little hesitancy for a few bars, acquitted themselves well in the Gabrieli Motet and had really warmed to their task for the very satisfying performance of the Mozart Requiem Mass which followed the interval. The vocal soloists were of unequal calibre but all performed well and, though perhaps unchivalrous to say so, the men outshone the girls on this occasion. Before the interval, the popular Bach Double Violin Concerto was given a performance which made up in attack what it lacked in accuracy, as a good amateur performance should. It would have benefited from a conductor, which leads on to some concluding remarks about the conducting of the rest of the concert.

Russell Blacker's informality of appearance and style contrasted interestingly with Nick Bathurst's more orthodox approach to these matters. Both did well in the event, but a special word of praise is due to Nick Bathurst for bringing off the Mozart Requiem so well.

A gratifyingly large audience were appropriately gratified by this concert, which emphasised the possibilities of music-making at Guy's. Let us hope we can hear much more from the Music Club in the future.

Dr. D. E. Hyams.

Mozart's Requiem is well served by record companies. My own satisfaction and the enthrallment of the audience with Guy's Music Club performance in Southwark Cathedral on 12th March calls for an explanation.

It is said that more than 80% of the sound we hear in a live performance is reflected sound. However hi your fi, unless one lives in a cathedral (or a padded cell) a record of the Requiem recalls the taste of vegetarian steak. It lacks texture. But that is not the entire explanation. An amateur performance can be embarrassing. Mr. Bathurst, conducting, had an imaginative and coherent conception of the work which he successfully communicated to his orchestra and choir. He managed to convince them with it and to inspire them to work hard for its realisation. He must be an outstanding communicator. It could be that he has unusually perceptive colleagues. Or is there a communication selective force in the evolution of the choir and orchestra?! We witnessed that evening something that is occasionally achieved by a professional orchestra with a permanent conductor. The whole was far more impressive than the sum of the parts. In this instance the final look of not so polished amateur built bricks was an awe provoking, breathtaking monumental architecture. Can we have a late Haydn Mass soon?

Reflected sound was not on the side of Miss Breese and Mr. Shilitoe, the soloists in the Bach Double Violin Concerto. Their centre-of-the-note sweet tone was muted rather than put to the fore. Is it possible to hear them again in more intimate surroundings?

Dr. Y. H. Abdulla.

GUY'S HOSPITAL BIENNIAL DINNER

7th May, 1976

The following is a list of people who have indicated that they will be attending the Biennial Dinner which is to be held at Guy's Hospital.

Adams, J. F. R.
Allen, N. H.
Allsopp, Miss Kathleen
Appleyard, W. J.
Appleyard, Mrs. W. J. (Elizabeth Ward)
Ashcroft, P. B.
Atkins, Sir Hedley (Chairman)
Attale, J. E. E.
Awty, M. D.

Baker, D. A.
Baker. I. A.
Bancilhon, M. L. A. B.
Banks, P.
Barker, J. P.
Bartley, Mrs. J. M. (Joan Newton)
Barwell, N. J.
Bason, C. G.
Batson, J. F. S.
Batten, B.
Batty Shaw, A.
Beard, R. G.
Beardon, R. J.
Beaton, S. G. LeS.
Bendall, R.
Bensted, J. P. M.
Biggs, D. A.
Birts, R. J.
Blake, Mrs. H. V. (Katharine Cuthbert)
Blake, M. W.
Blaxter, P. L.
Blockley, C. H.
Blockley, S. E.
Bluett, D. G.
Boothby, C. B.
Bowyer, A.
Bradshaw, M. F.
Brient, Mrs. M. J. (Judy Roberts)
Brock, Lord
Broughton, D. H.
Broughton, Miss Louise
Brown, A.
Brown, Miss Joanna
Buckler, F. R.
Burns, T. H. S.
Bussell, S. N.
Butcher, A. S. F.
Butterfield, W. J. H.

Callum, W. D.
Campbell, A. C.
Cann, R. J.
Canty, G.
Carnegie, D. M.
Carter, P. M.
Clarke, Sir Cyril
Clemmey, A. V.
Cocker, G. L.
Cohen, S.
Coker, F. L.
Cole, S. N.
Collier, H. N.
Collins, J. V.
Cook, A. W.
Cook, D. F. Leet
Cooper, A. S.
Couper, E. H.
Cox, J. A.
Craigen, A. A.
Crisp, J. C.
Cross, W. G.
Cullinan, T. R.
Curnow, R. N.
Curtis-Raleigh, Mrs. N. H. (Jean Steadman)

Davies, M. E.
Davis, E. I.
Davys, M. G. D.
Dawson, J. M.
Deacon, J. R.
Deacon, Miss Jane
Denyer, M. E.
Dervos, H. D.
Dixon, G.
Dobson, W. F.
Duckworth, D. V.

Eastes, C. N. d'E.
Edwards, C. H.
Edwards, G. M.
Elliott, D. R.
Ellis, F. G.
Elsdon-Dew, R. W.
Elven, R. T.
English, T. A. H.
Evans, G. M.
Evans, H. C.

Fahey, Mrs. J. M. (Joan Montague)
Fairweather, D. K.
Falcon, M. G.
Falconer, M. A.
Faulkner, M. H.
Field, I. T.
Filose, M. A.
Fincham, Mrs. P. (Elizabeth Campion)
Forrest, J. O.
Forsythe, J. M.
Foster, F. H.
Frank, P.
Freeland, A. P.
Fry, I. K.

Gain, R. G. G.
Gaind, R.
Gardiner, P. A.
Gibb, D. H.
Gibberd, G. F.
Gilchrist, A. G.
Gill, W. G.
Gillon, M. A.
Glendinning, N. W.
Glendinning, Mrs. N. W. (Gillian Cann)
Glenn, R. W.
Glover, F. N.
Goodhart, Sir John
Graham, Mrs. D. M. (Doreen Miller)
Grasby, E. D. Y.
Gray, K. W.
Green, I. D.
Greenwood, Miss Susan
Grice, A. R.
Grice, Mrs. A. R. (Patricia Forsythe)
Griffiths, R. A.
Grimble, A. G. S.
Grimble, I. T.
Guerrier, H. P.
Gullick, D. L.
Gumpert, J. R. W.
Gunn, A. L.

Haas, L.
Hagger, C. I.
Hancock, R. P. D.
Handler, C. E.
Hankey, G. T.
Hanson, J. M.
Harding J. C.
Harrison, D. F. N.
Harvey, D. R.
Hawley, R. T.
Hayes, J. S. G.
Hayward, J. L.
Healy, T. E. J.
Helliwell, P. J.
Henderson, I. D.
Hendrick, D. J.
Hendrick, Mrs. D. J. (Alex Falconer)
Herbert, W. E.
Hern, J. R. B.
Hewitt, A. B.
Hewitt, Miss Penelope
Hey, G. B.
Hicks, C. A. N.
Higgs, F. D.
Hill, R. D.
Hillard, K. A.
Hirsch, P. O.
Holden, N. T.
Hooper, J. M. D.
Hooper, K.
Horgan, E. J.
Hornung, R. G.
Hoskins, E. O. L.
Houghton, L. Wynn
Houghton, Mrs. M. E. (Margaret Broughton)
Houghton, Mrs. P. S. (Verna Firth)
Houston, J. C.
Howard, C.
Hudson, J. R.
Huins, T. J.
Hunt, J. N.
Hutton, A. M.

Jackson, Sir Ralph
Jacoby, M. N. J.
Jago, F. H. A.
Jago, M. E. M.
Jago, W.
James, H.
Jeanes, C. W. L.

Keates, G. H. W.
Kelly, K.
Kelynack, J. B.
Kemp, H. K.
Kilpatrick, F. R.
Kinder, C. H.
King, M. S.
King-Turner, Miss Elizabeth
Knight, A. C.
Knight, F. R. S.

Lam, S. J. S.
Lane Roberts, P. A.
Lansdown, P. F. P.
Latham, B. A.
Lawrie, R. S.
Leigh, Miss Rita
Lessof, M. H.
Lewis, E. C.
Lewis, T. L. T.
Lund, W. S.
Lynch, T. M.
Lyon, D. J.

McCall, A. M.
McColl, I.
McColl, Mrs. I. (Jean McNair)
McCormack, J. M.
McCormack, Mrs. J. M. (Madeleine Thompson)
MacDonald, D. M.
McGuire, E. J.
Mackenzie, I. J.
McLauchlan, A. E.
MacLean, K. S.
Macrae-Gibson, N. K.
Maddison, J. V.
Maile, W. B. D.
Main, B. J.
Maisey, M. N.
Maisey, Mrs. M. N. (Irene Askay)
Mallaband, B. C.
Mann, W. N.
Manning, F. R. C.
Mansie, J. W.
Martin, L. G. C.
Mathews, J. A.
Maxted, P. B.
Mayer, J. H.
Membrey, A. J.
Merryweather, R.
Meyer, J. S. B.
Millis, Miss Rosemary
Milton, R. J. S.
Mitchiner, M. B.
Moffat, R. J. R.
Moore, B. J.
Morgan, C. Rowland
Morgan, R. H.
Morphy, A. B.
Morrison, Mrs. H. S. (Heather Kerr)
Morsman, J. M.
Morsman, R. A.
Muntarbhorn, K.
Muntarbhorn, S.
Murgatroyd, A. B.
Murgatroyd, Mrs. A. B. (Morna Van Essen)
Murray, B. R. P.
Murray, J. F.
Murray, M. D.

Nicholas, J. D. R.
Norman, J. R.

Norman, J. W.
Notley, R. G.

Oakley, J. C.
O'Gorman, P.
O'Keefe, S. J. D.
Oliver, Miss Barbara
Orme-Smith, D.
Orme-Smith, Mrs. D. (Elizabeth Ridley)
Orr, R. G.

Page, J.
Pagliero, K. M.
Pallant, H. A.
Parker, W. N. B.
Parry, Miss Rosemary
Parry, T. C. L.
Partridge, M. A.
Pearce, G. C. J.
Peebles, R. A.
Peebles, Mrs. R. A. (Jennifer Fry)
Penny, R. W.
Pett, B. W.
Pickard, B. H.
Piesowicz, Miss Alina
Pitt, B. M. N.
Pitt, N. E.
Pitt, P. C. C.
Plowman, R. D.
Potts, M. W.
Powell-Jackson, J. D.
Preston, G. M.
Pritchard, K. G. B.
Pugh, D. R.

Quinnell, R. C.

Rake, M. O.
Ransford, J. H.
Ranson, J. A. A.
Reader, A. M.
Rees, D. D. L.
Reeve, H. S.
Reeves, W. G.
Rewell, R. E.
Reynolds, D. A.
Richards, A. B.
Richards, D. J.
Riddle, J. A.
Ripman, H. A.
Robinson, A. D.
Robinson, K. F.
Rockall, Mrs. L. J. (Linda Addison)
Rogers, A. R.
Rogers, N. C.
Rowland, C. J.
Russell, P. S. B.
Rycroft, R. J. G.

Salmon, L. F. W.
Sanders, M. D.
Sanders, W. B.
Saunders, D. R. S.
Scales, P. R. McH.
Scantlebury, W. K.
Schurr, P. H.
Scorey, J.
Scott, G. W.
Scott, N. I.
Scott, S. C. C.
Scott, Mrs. S. C. C. (Margaret Barrie)
Searle, J. F.
Sells, R. A.
Shaheen, O. H.
Shelley, D. F.
Shellim, A. J.
Shire, T. H.
Silver, P. S.
Simpson, Mrs. A. (Ann Limehouse)
Simpson, C. K.
Simpson, J. C.
Skinner, P. V.
Smallshaw, J. K.
Smith, A. L. H.
Smith, D. M.
Smith, P. A. J.
Smith, W. H. Snr.
Smith, W. H. Jnr.
Sneary, M. A. B.
Southwell, W. B. B.
Stalford, D. D.
Starte, A. G.
Stebbing, P. F.
Stewart, A. P. O.
Stewart, K. R.
Still, H. C.
Stoker, D. J.
Stone, A. W. P.
Strong, S. V.
Sturdy, D. E.
Sycamore, E. McK.

Tann, L.
Taylor, G. A.
Taylor, G. C.
Terry, R. S.
Thomas, Miss Anne
Thomas, Mrs. C. (Corinne Richardson)
Thomas, G. T. G.
Thomas, I. B.
Thomas, K. E.
Thomas, T. G.
Thompson, G. F.
Thompson, R. H. S.
Tibbs, D. J.
Treadwell, W. T.
Trethowan, J. D.
Trounce, J. R.
Turner, D. R.
Tweddle, E.

Vale, J. A.
Vale, R. J.
van den Berg, J. S.
Van Essen, W.
Vaughan, D.
Vevers, G. W. G.
Vine, R. S.

Wagner, P. R.
Wallace, L. J.
Watkin, R. R.
Watson, Miss Deirdre
Watson, D. M.
Watson, J. S. F.
Way, Miss Beryl
Webb, R.
Webb, W. B.
Whitney, Miss June
Wilkins, D. C.
Wilkinson, P. A.
Willcocks, R. W.
Williams, Mrs. C. B. (Christina Lawrie)
Williams, E. A.
Williams, I. D. C.
Williams, J. D.
Williams, M. J.
Williams, Miss Norma
Williams, S. R.
Willis, A. D.
Wilson, M. B.
Winsley-Stolz, H.
Winter, P. J.
Wiseman, Miss Ann
Wood, J. R.
Woodside, R. M.
Woodward, T. W. H.
Worthington, S.
Wotton, G. R.
Wright, D.

Zorab, P. A.
Zorab, R. A.

NOTICE

GUY'S HOSPITAL BIENNIAL DINNER

Friday, 7th May, 1976

You are finally reminded that the 1976 Biennial Dinner is being held in the Anniversary Marquee at Guy's Hospital, on Friday, 7th May, at 7 p.m. for 7.30 p.m.

The Chairman will be Professor Sir Hedley Atkins, K.B.E., K.St.J., D.M., M.Ch., F.R.C.P., F.R.C.S. Tickets are £8 each and cheques should be made payable to "GUY'S HOSPITAL BIENNIAL DINNER".

Please note that the closing date for tickets is Monday, 26th April.

Noel Glover,
Honorary Secretary, Biennial Dinner.

THE CLINICAL DENTAL COURSE AT GUY'S

The Results of the Survey of Students and Graduates in May, 1975

PART IV

On Running the Conservation Room (cont.)

The students were asked to rate the staff/student ratio in the Conservation Room as "good", "adequate" or "poor". Overall 2% rated it "good", 9% "adequate" and 89% "poor". The majority of the students stated that they sought assistance from the Demonstrator with the shortest queue (64%) rather than the nearest (5%) or a "regular" Demonstrator.

The Conservation Department is acknowledged to be short-staffed, both absolutely, in terms of its establishment and practically in terms of sessional availability. Full-time clinical teachers have commitments over and above those of supervising the patient treatment area. The ideal staff/student ratio for teaching a practical clinical subject is arguable but it should be such as to allow not only supervision but also for true chairside teaching. The student should be able to learn both from his mistakes and his successes in the context of the patient on hand. It should also be such as to reduce the chances of long "within-appointment" delays with their inevitable erosion of patient co-operation. Many forms of Conservative Treatment require more than one patient attendance. Continuity of supervision by a particular clinical teacher is obviously desirable.

The students were asked if they thought that teaching in the Conservation Department would be improved by (a) the specific allocation of a Demonstrator to a group of chairs or (b) to a group of students. The third, ideal, alternative: a specific Demonstrator for specific students using specific chairs, was not mooted. A bare majority (49%), with 5% "don't know" and 46% "no") approved of alternative (a). An equally small majority (50% "yes" with 8% "don't know" and 42% "no") approved of (b).

This lack of unanimity indicates that the students are not sure which solution is the better. However, the move into the Tower has, we understand, produced a *de facto* change along these lines since students are now assigned to specific floors on which there are usually a minimum of two Demonstrators. However, due to absence this can give a staff/student ratio which is worse than 1 : 20 at times.

In the short term, the publication of a clear chart showing the whereabouts of the staff on duty for each session (93% in favour

overall) and over the relatively longer term showing absences on holiday, etc. (78% overall in favour), would improve conditions in the department and make for better treatment planning and execution.

The Committee recommend:

1. That consideration should be given to establishing a more closely defined demonstrator/student relationship in clinical sessions (see General Recommendations 1 and 2).

2. That more detailed information on the whereabouts of the Staff and on the contents of the compounds should be published.

Other Clinical Courses

The chairside teaching in General Anaesthetics was rated "good" by 44% overall, "adequate" by 38% and "poor" by 18%. The ratings for supervision in the clinic 59%, 36% and 6% respectively. Forty-one per cent overall considered the explanation of the theoretical basis "poor", 37% "adequate" and 22% overall considered it "good". 53% rated the range of clinical material adequate, 25% good and 22% poor.

Local Analgesic Extractions

Sixty-one per cent overall rated the chairside teaching "good" and 64%, the clinical supervision. The "good" rating dropped to 41% for the explanation of the theoretical basis and to 40% for the range of clinical material, 34% thought the former "adequate" and 48% the latter. There is little uniformity in the answer to the question "do you think the total time available for routine extraction is (a) too much (b) about right or (c) too little?" None of the second year, 1% of the third and fourth years and 2% of the graduates thought they had too much time. 49% of the present third and fourth year students thought the time available "about right" as opposed to 71% of the graduates, leaving 56% of the second year students, 50% of the third and fourth years and 28% of the graduates thinking that they had too little time.

Minor Oral Surgery

Both the chairside teaching and the clinical supervision were rated "good-adequate" by 76% and 87% overall. The explanation of the theoretical basis was rated good by 32%, adequate by 41% and poor by 27%. The students were less happy about the range of clinical material, 20% rated it "good", 38% "adequate" and 42% "poor". This is consistent with their assessment of the general experience gained, given a "good" rating by 16%, "adequate" by 35% and "poor" by 49%.

Comments were invited on all three practical courses. Both the present students and the graduates considered that they had too little Minor Oral Surgery experience and need more practice. There is also some anxiety about the general anaesthetics teaching, whether this relates to the use of the anaesthetic or to the surgical techniques to be used in a G.A. clinic is not clear.

No training is at present given in Intravenous Technique. 94% of those answering thought they should have some formal teaching and 90% some practical experience of this anaesthetic method. Although I.V. is currently used for both extractions and conservation in some areas of general practice, there has been some professional anxiety about its use in single-handed surgeries. At the present time teaching of I.V. Techniques is considered to be appropriate for postgraduates. However, some undergraduate training, if only to show the problems and hazards attendant upon its use unless the proper conditions be employed, must be to the students' advantage.

The Rotating Appointments

Preventive Dentistry

The chairside teaching and clinical supervision given by the Department were rated "good" by 49% and 45% respectively, and "adequate" by 39% and 44% overall. Both students and graduates rated the explanation of the theoretical basis of current practice as "good" (56%) or "adequate" (31%). Although 58% overall thought the number of clinics "about right", 32% thought there were too many. Only 13% rated the usefulness of the clinics "good" whereas 29% rated them "adequate" and 57% "poor". 90% rated the tutorials as "good" or "adequate".

Questions were asked on the course offered at Thamesmead. The usefulness of the experience was rated "good" by 61%, "adequate" by 25% and "poor" by 14% overall. 61% felt that the time available was "about right", 31% that it was "too little" and 8% "too much". Both the content and presentation of the classes were rated as "good" by 64% overall; the breadth of coverage was rated "good" by 51% with a further 41% considering it adequate.

Asked to comment on this appointment, both the students and the graduates considered it too long in relation to the number of skills that can be acquired. Both groups emphasized their need for more experience in periodontal surgery. The emphasis the Department gives to treatment planning is praised but the difficulty in "following the patients through" is lamented. The Thamesmead experiment can, we feel, be rated a success. The students considered the teaching good and the experience of dental practice valuable.

The Children's Department

A. Orthodontics

The teaching in the technical course was rated "good-adequate" by 98% overall, the supervision provided was similarly rated by 97%. 80% of those replying considered the amount of time spent on the course "about right".

In the clinic, the chairside teaching was rated "good" by 67% and "adequate" by 27%; supervision as "good" by 53% and "adequate" by 43%. In contrast, the range of experience gained was rated good by only 23%, 36% rating it adequate and 41% poor.

There are similar ratings for patient allocation (21%, 48% and 31% for "good", "adequate" and "poor" respectively). 47% thought the correlation between clinical work and theory "good" with a further 39% rating it "adequate". The number of clinics was considered to be "about right" by 74% and "too few" by 21%. Although a majority (88% overall) rated the course as generally "good-adequate" as a preparation for the final examination, opinion is more evenly divided on its value as a preparation for general practice: 31% considered it "good", 32% "adequate" and 27% "poor". There is near unanimity on the question of its length: 82% overall considered they did not have enough time in this Division of the Department.

The written-in comments show that the greatest disadvantage in an otherwise well-run course is the impossibility of following a patient through a course of treatment, or at best a reasonable proportion of it, within a three month block appointment. There were a number of comments, presumably from those whose appointment occurred early in the rotating period, pointing out that a refresher course was needed before Finals!

B. Paediatrics

All aspects of the teaching, both theoretical and at the chairside; the supervision; the allocation of cases and the range of experience gained was rated "good" by 31-42% overall and "adequate" by 41-53% overall. The content of the lectures and tutorials was rated "good" by 68%, the presentation "good" by 55% and the visual aids and clinical material illustrated were assessed as "good" by 51%. A slightly smaller percentage (45%) rated the breadth of coverage as "good". Lectures and tutorials were only given a "poor" rating by 5-7% overall and 97% rated the course as a "good-adequate" preparation for the final examination. Of these 75% of the graduates considered it "good" as opposed to 42% of the third and fourth years. Overall 39% rated the appointment as "good" as a preparation for general practice whilst a further 44% thought it "adequate". There is, however, a clear division of opinion about the time available in this division of the Department: 44% thought they had enough time, 49% thought the available time too little. One graduate commented that the course was "too idealistic" but the general tenor of the remarks, borne out by the answers to the questions, is that the teaching is good even if the time available is too short.

Advanced Operative Technique

Approximately 80% of those answering the questionnaire rated the technical course as "adequate-poor" in respect of the content, presentation, supervision, breadth of coverage and the explanation of the theoretical basis of practice. Of this 80%, about 50% rated the appointment "adequate" in these respects. Chairside teaching and supervision, whether from the A.O.T. Demonstrator or another, was rated "good" by about 20%, "average" by 42% and "poor" by 38%. Similar assessments were given in relation to the "availability of suitable patients". Overall, 12% rated their clinical experience as "good", 42% as "average" and 40% assessed it as "poor". Teach-

ing in demonstrations was rated "good" by 29% and "average" by 53%. Only 13% rated these classes as "good" in respect of their own clinical experience, 47% overall rated them average. No specific comments were invited but some students remarked that they should have to make at least one bridge.

Casualty

There is no doubt that those answering thought this appointment provided good clinical experience: it was so rated by 84% overall, only 3% considering it poor. The chairside teaching was rated "good" by 48%, and "average" by 37%; clinical supervision "good" by 41%, "adequate" by 47%. The explanation of the theory behind the practice was rated generally adequate (54% overall). No comments were invited but remarks were written in to the effect that the time available was too short!

It is clear that those answering considered that, in general, the teaching provided during the rotating appointments was generally satisfactory. It is equally clear that the balance of time as between the various departments was not. More time in Casualty is advocated with, as some suggest, a proportional reduction in the time spent in the Preventive Dentistry Department. The problem with Orthodontics is a shortage of time compounded by the lack of any opportunity to follow through a case. As one student commented: "I should have liked to see a tooth move!".

These remarks are consistent with the problems to be encountered by learning within a rigid block system. The argument in favour of the "block" as implemented at Guy's is the increased range of clinical experience gained by the students when seeing a large number of patients. However, Casualty is the only appointment where a significant number of the students rated their own range of clinical experience as good (84% overall).

"On Matters of Policy"

The students and graduates were asked to list the three departments (in descending order) that they considered to have the poorest staff/student ratios. Almost all cited only one: Conservation (in excess of 90% of current students). Only the graduates mentioned other Departments, citing Prosthetics and Children's Dentistry (6% each), Preventive Dentistry and Casualty (2% each) leaving a majority of 83% giving Conservation. Those answering were also asked to list the Departments in which they considered the staff to have the greatest teaching load. This is a more ambiguous question and produced an uneven answer. The limited experience of the first year students is reflected by their answer: 72% cited Conservation, 28% Prosthetics. 45% of the Senior (third and fourth year) students cited Conservation, with Children's Dentistry a close second (33%), Prosthetics was listed by 11%. The graduates partly reversed this order: 72% say Children's Dentistry and 19% Conservation. Prosthetics was listed by only 2%.

It has often been argued that the entirely theoretical 2nd B.D.S. year "demotivates" the students and that this would be avoided if some "clinical" material were taught during that period. Asked if their motivation towards Dentistry had altered during the 2nd B.D.S. year, 34% of the students said "yes", 17% did not know and 47% thought not. The form of the question did not explain what effect a "yes" answer meant. However, when asked if they thought their motivation would have increased if they had started, for example, the Phantom Head or Preclinical Prosthetics course during the 2nd B.D.S. year, a bare majority (50%) thought it might, 13% did not know and 35% thought not.

Ideas on ways in which the scientific basis of clinical dentistry might be "integrated" with the clinical course instead of being taught almost exclusively in the first (2nd B.D.S.) year have been floated at various times. Whilst 63% thought it would be beneficial to revise the basic science foundation of each clinical subject at the beginning of the relevant clinical course, only 42% thought this material should be given for the first time, 23% did not know and 33% thought it should not. All those answering "yes" to the idea of including basic science teaching in the clinical course, whether *de novo* or as revision, were asked to state whether they would then consider it reasonable that either specific questions on scientific topics, or, alternatively an "Oral Biology" paper be included in the finals examination. 55% said "yes", 13% did not know and 31% said "no". These answers can provide little encouragement for those who would totally "integrate" (assuming no restrictions at the University level) the basic science and clinical teaching. There is, however, some justification for considering the possibility of revising the fundamentals in the context of their clinical application.

The questionnaire included two quite categorical questions on the structure of the course in general: (a) "Do you think learning under the 'Block System' in which you spend 3 months in one department is satisfactory?" and (b) "Do you think a 'vertically integrated' course in which you spent part of *every* week in *each* department with a half day for lectures would be a better way of learning dentistry?" The answers to both show a marked, and significant, trend. Approval of the Block System decreases as clinical experience increases: 51% of the first year thought it satisfactory with only 10% thinking it unsatisfactory. In the second year the figures were 33% and 34% respectively. 40% of the third and fourth years thought it unsatisfactory with 53% disapproving. Of the graduates, 38% approved and 57% disapproved. Conversely 18% of the first year thought "vertical integration" a good idea, 43% of the second, 51% of the third and fourth and 57% of the graduates.

There have been a number of educational experiments in the teaching of undergraduate Dentistry in British Dental Schools over the last decade. As far as the author knows (admittedly not having searched the journals on medical education), there has been no attempt to evaluate the merits or demerits of any of the systems currently in use, except by the reaction of those teaching. Without information

from both the staff and the students of the sort obtained in this questionnaire, the successes or failures of each method are difficult to evaluate. Guy's has not experimented. That, coupled with the general ignorance of both our students and graduates on courses offered by other schools, suggest that the dissatisfaction with the "Block System" expressed above and shown forcefully in the written-in comments, is largely the product of personal experience. The particular objection to it focuses on the difficulty of establishing a continuing relationship with some patients and completing their treatment. To quote one final year student: "Each student should treat patients for all problems. In this way a goal is set, the patient benefits, the student learns treatment planning and sees progress."

At the end of the questionnaire those answering were given the opportunity to make further comments and suggestions. A very large number did. Most of the points raised have been covered in the sections relating to each part of the course but the most repeated comments relate to (i) an improvement in staff-student ratios, especially in the Conservation Department; (ii) a revision of the points system with a premium for excellence; (iii) a greater emphasis on academic teaching early in the courses in both the Prosthetics and Conservation Department; (iv) a revision of the time-table to avoid the conflicts currently occurring between clinics, Casualty and lectures and (v) a change in the Block System to allow a greater emphasis on completion of treatment for individual patients and the opportunity to "follow through".

There is also some resentment amongst the Senior Students of being used as "cheap labour". For example: "students are an accessory to the Health Service, we do not learn, we attend to make sure the waiting lists aren't too long, treatment revolves about techniques and not the patient" and "A dental school should be a school, not a clinic for the area with cheap labour". Comments in the vein of "The system is not conducive to the making of a good dental surgeon. There is a rat race, no excellence is aimed at or achieved" were, unfortunately, not rare.

The conclusion to this article will appear in the April edition of the *Gazette*.

NURSING

For many years, a large number of nurses have been making attempts to establish themselves and their colleagues as recognised professional people, instead of as a somewhat nondescript group of workers who have a "vocation" and are dedicated.

Due to the efforts of these individuals and also to the fact that nurses at more senior levels have had to undertake much greater responsibilities, there have been great strides towards this goal, as nurses have been seen to assume it.

Many nurses however appear to be somewhat ambivalent in their attitudes towards this ideal and cling very much to traditional ideas. One reason for this could, of course, be their reluctance to undertake greater responsibilities, despite the fact that the remuneration now classes them amongst the better paid members of society. So much is this true that certain nurses are excluded from salary increases during the present economic crisis.

Since the days of Florence Nightingale, nurses have been regarded as perpetrators of good works. In the minds of the public, they undertake, at eighteen years of age, tasks which many would not contemplate at fifty. They have therefore assumed the image of "Angels in white hats", and in addition, have been endowed with certain privileges by society. They are thought of as being different and over the years have come to think of themselves as such. Assuming full professional status would mean losing much of this and there is therefore a considerable resistance to disturbing what is, in effect, a happy state of affairs.

Nurses, like others, enjoy reminiscence, and of course the "Good old days" always appear to be better than the present. In some instances this is true but in a great many it most definitely is not and change has to occur continuously. If, therefore, true professionalism is to be achieved, all nurses must be in agreement. There are of course privileges to be gained by obtaining this, but at the same time there are responsibilities to be considered. It is not possible for instance to support the Nurse of the Year competition, and expect at the same time to be regarded as anything more than somewhat flippant in one's attitudes. Furthermore, do nurses really wish to be regarded as contenders for an imitation Miss World contest? In this respect of course, the official nursing bodies may be considered most culpable for lending their support.

Nurses, as a group, are still extremely immature and have little conception of the conditions inherent in achieving full professional status. They do in fact, like children, desire the best of both worlds. In addition, many older members still expect to receive special considerations, such as separate dining rooms and individual service, at a time when, economically, this is impracticable.

If nurses truly wish for professional status, they must alter their attitudes very soon. Otherwise, they will continue to be regarded, both by the public and their medical colleagues, as a breed of workers which can be classed somewhere between a parlour maid, a secretary, and a technician.

PHYSIOTHERAPY

24 HOUR PHYSIOTHERAPY

The matter of round-the-clock physiotherapy is one which is liable to cause discussion in any hospital other than one dealing solely with the chronic sick. If, the argument runs, a physiotherapist is best able to deal with chest problems from 9 to 5, why should somebody else be expected to take over satisfactorily from 5 to 9? Should a physiotherapist not be at hand throughout the day and night in case such problems should arise?

It is necessary to see the matter in perspective. There is little doubt that, if a physiotherapist were readily available throughout the night, she would be used to treat many patients who now do not receive her attention and routine work would carry on as long as patients were awake.

If the therapist were on call at home, would this provide as good a service? She could be brought in—with some delay, it is true—to treat only those patients who were found at some point to be in need. As the situation stands at Guy's, a physiotherapist is on call up to 11 p.m. and can be summoned by the registrar or consultant in charge of the needy patient, and there have been rare instances in which she has been called after that time or has been asked to stay in the Hospital in order to treat the patient again later.

This system has worked reasonably well for a number of years, but its adequacy is being questioned. Now, the therapist on call in the evening still continues her ordinary duty the following day, that is she gives treatments additional to her ordinary work. If she is to be on-call throughout the night and is called in, it would be unreasonable to expect her to work a normal day afterwards and so the patients she would usually treat will be either not treated at all or less adequately treated by "farming" them out to her colleagues to add to their own patient-load. In some hospitals, incidentally, the practice is to take some of the day cover away from the patients of the consultant who called her in at night, which may act as a salutary check on less obviously justified calls. In either case, the effect is to disrupt the normal service to patients.

A better, though today financially less practicable solution, is to increase staffing so that the normal daily programme can be maintained and the extra staff can provide a full night-time service.

This would be a costly proposal, and one unlikely to be accepted, so the options narrow down to two. Either the system can go on as it has with its present imperfections but generally satisfactory results, or the on-call period can be extended with the inevitability of a less adequate day-time service. What we do not know is the extent of the demand for night treatment, and, therefore, neither do we know the extent of the consequent inadequacies. So any change will be in the nature of a gamble.

RADIOGRAPHY

Some time during the next few months part of the X-ray Department will be moving from the position it has occupied in what used to be the outpatients' hall in Hunt's House to a new purpose-built department in Guy's Tower. The remainder of the Department will move later, probably in the autumn, to an extended casualty X-ray department, which will consist of three rooms, using equipment transferred from the present department. In the Tower, the Department consists of two floors and a specialised suite for cardio-vascular techniques which is linked to the main theatres.

The 2nd floor has eight X-ray rooms equipped with the latest machinery. Two of these form a suite for children, complete with their own waiting room liberally stocked with toys. Another room is for chest radiographs only, this having its own processing unit, which should help to produce consistent X-rays. There is also a room for skull investigations, two rooms for barium investigations and two rooms for general work. A new system of film loading and unloading, known as "daylight loading", is being used, and this virtually banishes the darkroom, although one is still needed for some investigations. On this floor there is a reception area equipped with an automatic filing system, waiting rooms, offices for radiologists, as well as sorting and reporting areas. A system of coloured tiles has been laid in order to facilitate the movement of patients.

The 3rd floor is the specialised unit with five rooms, four of which have sophisticated equipment to undertake all specialised techniques under ideal conditions. A sixth room, which is already in use, is provided for ultra-sound. There is also a large filing room for the films linked by its own lift to the floor below. A lecture room equipped with projectors and viewing boxes is also on this floor, together with a tutorial room and film library.

As some of the machines are new to this country there will have to be a training period for staff and commissioning the entire department will be a challenge for all concerned. Provided we are able to undertake the move gradually, there should be no disruption in the service to patients which should be improved when the department is fully opened. It will also be the first time that the department has had adequate lecture facilities, a fact that will doubtless be appreciated not only by the doctors, but also by the radiographers and students.

Although it is obvious that the Department has outgrown the area in Hunt's House, we will leave it with a certain sadness in spite of its inadequacies. We will miss the large, high-ceilinged rooms, being able to open windows, a glimpse of the Park; perhaps we'll also miss the draughty, sometimes leaking, corridor, but we owe it to our patients and our students to be able to provide the very latest techniques, and this will be possible in the Tower.

Miss P. G. Hampson

(Superintendent Radiographer)

BOOK REVIEWS

"Practical Medicine: A Guide to Outpatient Management", by P. R. Daggett and D. M. Geddes. Pp. 292. Price £3.50. Published by Lloyd-Luke.

Working in a well run outpatient department ought, for a physician, to be as demanding and satisfying as anything he does, and it deserves more attention than it gets. Outpatient clinics exist for two purposes. The first is for consultation when patients should be seen by an experienced clinician who, with the help of special facilities available to him, can give advice concerning diagnosis, management and treatment. Most patients should then return to the care of their own doctor. However, some conditions are best supervised and treated in hospital outpatient clinics where, for instance, particular expertise is required or where special equipment or drugs are available—this is the second purpose. Far too many patients attend hospital outpatient clinics who do not need to. Some are brought back time and again because they are "interesting", others come for "review" which is quite unnecessary but it is often easier for an inexperienced doctor to ask a patient to come back in one month or three months time than to make a real effort to solve his problem and return him to the care of his general practitioner.

I hoped when I saw the title of this book that here was a new approach to outpatient management which would help newcomers and old campaigners to improve their performance and streamline the clinics. But to teach someone how to approach clinical problems and how to make decisions about management is very difficult. It comes largely with experience but qualities are needed which cannot easily be acquired from a book. A patient seen at his first visit poses a diagnostic problem; if he comes again the diagnosis may still be wanting but it is more likely that now decisions are needed about management. Dr. Daggett and Dr. Geddes do not provide much that is new to help with the first step since their headings are for the most part diagnoses thus assuming that these have already been made. But patients do not come with diagnoses, they come with symptoms (and some very peculiar ones too that you do not see in any book). They have however produced an interesting book which will be useful to general practitioners and to those who are relatively inexperienced in hospital outpatient practice. They have gone to a great deal of trouble and on the whole are up-to-date, comprehensive and thoroughly sensible in their advice. Perhaps they sometimes suggest too much; one of the more difficult decisions is when to stop investigating. And they do not suggest as a course of action "return the patient to his own doctor".

R. K. Knight.

"Operative Urology. The Kidneys, Adrenals and Retroperitoneum". Edited by Bruce H. Stewart. Pp. 355. Price U.S. $39.50. Published by William & Wilkins Co., Baltimore.

I found this book rather disappointing for the price. It seemed that the operative details make it unsuitable for student reading but at the same time they are limited in their extent for the young surgeon and the book is totally inadequate as a reference book for the specialised urologist. It is only a review of the operations carried out at the Cleveland Clinic and therefore it is limited in its value.

The first chapter on surgical anatomy is brief and inadequate in detail for the student. There is a section on the embryology of the kidney and its development which does not contain any reference to the congenital abnormalities nor to their surgical management. In Chapter 2 the description of the pre-operative studies is brief and again, of no use to the medical student but could well be understood by the more advanced urologist. On the other

hand, there is a rather inadequate description of the possible use of arteriography and no mention is made at all of the use of isotopes in investigations of renal function or of renal anatomy.

On the whole, the chapters on operative procedures are well illustrated and cover the majority of the procedures in routine use but is rather poor on the indications for each operation and the pre- and post-operative care. There are several omissions though. No reference is made to the intra-arterial injections of mascerated muscle, pre-formed clot or barium as a means of carrying out simple nephrectomy and no mention is made of hypothermia techniques available, in particular for the removal of stag-horn calculi.

The chapter on renal transplantation covers most of the routine procedures but again is lacking in description of the more difficult arterial surgery. Section five describing supravesical diversion is beautifully illustrated and a great deal of time is spent on describing the management of the ileal loop.

I therefore feel that although the operations described are beautifully illustrated the book is limited in its scope for the advanced urologist and is unsuitable for medical student use.

M. Bewick.

"A Short Textbook of Medicine", (8th Edn.), by J. C. Houston, C. L. Joiner and J. R. Trounce. Pp. 606. Price £2.95. Published by Unibooks.

I once knew a fellow-student who read what was then called "Cecil and Leob" from cover to cover. This is not the way to learn or enjoy medicine and most of us prefer to use reference works for reference. This leaves the need for a small and simple book which provides a basis over the whole field of medicine, and which the student can read thoroughly both to fill gaps between bits of specialised knowledge and to give an over-view of the field. "Houston, Joiner and Trounce" fulfills this need cheaply (£2.95) and well. In spite of the self-discipline required of the authors to make it synoptic, I have never found it boring, and have learned to like it more as my knowledge of medicine increased. Though it contains no esoteric material, it is not difficult to catch out M.R.C.P. candidates with questions culled from its pages. The present edition contains three re-written chapters and has been extensively up-dated in facts and in concepts.

Medical students should possess a copy; students of related fields should learn to use it; qualified doctors should not be too proud to make use of it and will savour the quality of a good synopsis.

M. Stern.

"Concise Anatomy", by M. E. Todd and G. M. Wyburn. Pp. 347. Price £2.50. Published by Churchill-Livingstone.

This is another attempt to reduce anatomy to a few apt comments on the subject, and doesn't have many advantages over other competitors in this field. It is written by Americans for American students, thus it is surprising that it is not only extremely brief, but also written in extremely intelligible English! The book leads one to conclude that the Americans are more advanced than us (as usual), in the evolution of the "potted anatomy" course, for it contains far less information than its Anglo-Saxon counterpart "Essential Anatomy". Information on root innervations, for instance, is very deficient. Besides the text, there are occasional paragraphs to aid dissection which are not very helpful.

Nevertheless, the book is written and laid out in an extremely digestible form and the occasional diagrams are reasonably clear. I think that it is perhaps too brief as a revision text and probably comes a poor second to "Essential Anatomy" in this role. If you have plenty of money to spare, however, you could do worse than to buy this book as an introduction to each subject and then proceed with other larger texts.

Michael Dixon.

"Anaesthesia and Analgesia in Dentistry", by R. A. Green and M. P. Coplans. Pp. 390. Ill. 166. Price £7.00. Published by H. K. Lewis and Co. Ltd.

The aim of this book is to offer both theoretical and practical guidance to all those engaged in the practice of pain relief in dentistry. The authors, who are consulting anaesthetists at well-known dental schools, recognise that their aim may be over-ambitious and admit that they only deal in detail with those methods of which they have personal experience. Nevertheless, the book offers an extremely comprehensive account of the analgesic and anaesthetic techniques currently used in modern dental practice. The sixteen chapters in 390 pages include pre-operative considerations, pre-operative and post-operative drugs, equipment, inhalation agents, inhalation techniques, respiratory hazards, cardiovascular hazards, posture, intravenous agents, intravenous techniques, children's anaesthesia, general anaesthesia and sedation for conservative dentistry, general anaesthesia for the difficult case, general anaesthesia for the medically unfit, local anaesthesia in dental surgery (by Kenneth Ray) and anaesthesia in maxillo-facial surgery (by Philip Moore). The text is easy to read, the illustrations are of superb quality and to the point, and at the end of each chapter there is a short list of appropriate references and recommendations for further reading.

There has been a need for a book such as this for many years. To the dentist it offers insight into the technological and physiological pitfalls which can arise during anaesthetic practice in the dental surgery and it should be required reading for any dental practitioner who undertakes such practice. To the anaesthetist it brings together and enlarges the range of information which is required to allow him to improve his clinical expertise and to pass post-graduate examinations. For the anaesthetist, too, it should be required reading, for the authors have achieved the knack of expressing, in a very lucid way, the subtle points of clinical management which take many years to learn and which are manifested as the "art of anaesthesia" in this difficult and skilled part of anaesthetic practice.

At a price of £7.00 the book is extremely good value and it should become a standard text in the field at which it is aimed.

R. F. Seed.

CURIOUS PROBLEMS

Here are a few, long-awaited Mensa problems :—

1

2	3	1
4	9	
3	6	3

2

4	5	3
7		5
10	13	7

3

1	2	4
3		9
7	11	19

In each of the matrices below the numbers in the rows and columns are related to each other by certain rules (which are different in each matrix). What are the missing numbers ?

[*Evaluation :*

MASTER solves (1), (2) and (3) in under 1 minute.

MATHEMATICIAN solves (1), (2) and (3) in under 2 minutes.

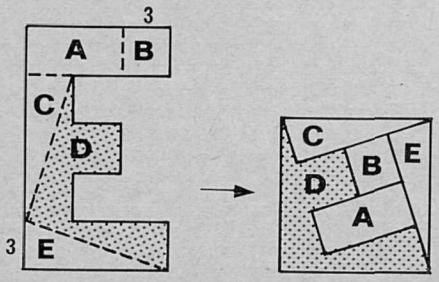
MEDICS solve (1), (2) and (3) in any time from 1 minute to days].

Answers to Curious Problems No. 2

Dissecting the Letter E

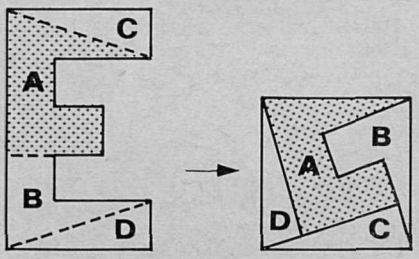
The first illustration shows how to cut the letter into 5 pieces that will fit together to form the square, without turning over any pieces.

I.



If pieces may be turned over, the dissection can be accomplished with four pieces, as shown in the second illustration.

II.



CORRESPONDENCE

Medical Education

SIR,—May I reply to the recent letter "B.M.S. Past, Present and Future" by Wesley Scott-Smith in part by giving the experiences of the major course changes at present under way in the Medical Faculty, of the University of New South Wales, Sydney, Australia.

The most lasting impression I have gained from the letter is that the problems confronting changes in emphasis of medical education are world wide and not confined to a single country or faculty. I believe that it is also important to stress that all medical teaching whether it be at the pre-clinical or clinical levels must be taught on an individual to individual basis with both staff and students recognising the merits and shortcomings in each other. It must be different from the high school situation with a considerable emphasis being placed on the students' self reliance and ability to think for themselves. As we all know this can be rather traumatic.

Many of the criticisms in the letter "B.M.S. . . . " may be overcome by a close integration of the curriculum. For instance the first three years at U.N.S.W. are as follows: (Years I-III of V year course).

Year I *Session* 1

Medical Physics
Medical Chemistry
Cell Biology

Session 2

Human Structure and Function (H.S.F.) I
(Anatomy—Musculo skeletal/
Head and Neck
Histology of the tissues
Basic embryology
Introductory Biochemistry
Introductory Physiology)
Clinical Studies I
Human Behaviour I

Year II *Sessions* 1 and 2

H.S.F. II
Concurrent teaching of the Systems
(Anatomy, Physiology, Biochemistry and Introductory Pharmacology)
Clinical Studies II
Human Behaviour II

Year III *Sessions* 1-4

Community Medicine
Clinical Studies III
Paraclinical Sciences
(Pharmacology, Microbiology, Pathology, Genetics)
Medical Sciences

The Clinical Studies I-III are programmes designed to integrate clinical aspects with the other areas of the course and to introduce the problems of communication. By the end of Clinical Studies III the students should be able to take a clinical history, conduct a physical examination and be able to detect abnormalities. The integration which has been successful in the first two years of the five year course has involved considerable planning by both clinical and preclinical staff and the forbearance of the students when the attempts at integration have either been partially successful or failed.

Integration of material at 1st and 2nd year must be based on the knowledge and level of attainment at that period and clinical examples must be relevant and carefully chosen to highlight the need for a knowledge of basic principles in an overall understanding of medicine. The need expressed by many students to "play doctors" at this stage of the course must be avoided at all cost because in training the medical practitioner we are hoping to produce a highly qualified technician capable of making accurate diagnoses and also being aware of the society he/she will be working in. At the level of the 1st and 2nd year the level and amount of clinical information presented to the students should be dictated by the preclinicians but the situation would be reversed in later years. Any clinical tutorial in the early years of a medical course must be attended by at least one representative from the preclinical and clinical disciplines.

Finally, to a few more practical considerations within a medical course. Some of the problems being encountered by Anatomy Departments e.g. large numbers of students to qualified teaching staff and general reduction in teaching hours, could be aleviated by the partial or complete use of pre-educated material. At the University of New South Wales we have found that when programmed correctly using a series of General Objectives, Specific Objectives and Learning Activities, this has led to a better understanding of anatomical principles.

Examinations always provoke discussion which is very often polarised into two opposing camps. I feel that there is need for both short term and long term recall examinations within a course but much of the material taught in the early years need not be examined until the end of the M.B., B.S. course.

I also find myself in full agreement with the previous letter in regard to tutorials. For efficient teaching these must be pre-planned and should in many cases be programmed to coincide with the course work.

May I say in conclusion that general discussion about the aims of the medical course and content of the curriculum in general can do nothing but good for the future of medical education if everyone involved is prepared to listen, learn, change and experiment where necessary.

Yours faithfully,

MURRAY SMITH.

School of Anatomy,
University of New South Wales,
Sydney, Australia.
(On Sabbatical leave, Department of Anatomy,
Guy's Hospital Medical School).

South Wales and Monmouthshire Guy's Hospital Society

SIR,—We would like to extend our thanks to the members of the South Wales and Monmouthshire Guy's Hospital Society present at this year's dinner. It was most enjoyable. We were happy to find at our inaugural dinner that the traditions and pride of our hospital are still strong in its old students!

We intend to be there next year and hope to see more of our contemporaries present.

Yours faithfully,

G. D. AUCKLAND,
R. W. HANNAFORD,
P. N. E. JAMES,
R. A. B. PERKINS.

c/o East Wing,
Guy's Hospital,
London, S.E.1.

Clinical Dental Day

SIR,—For the past 45 years on many occasions I have attended the Dental Society Dinner and for 43 years I have attended the Clinical Meeting, with the exception of the War years and some three other occasions when I was unfit.

This year, from the end of January onwards, I have waited in vain for that small slip of folded paper which I have received for all these years which sets out the details of the meeting. Alas this year it has never arrived! Eventually, after perusing carefully the columns of the *Gazette* and the *British Dental Journal,* one was able to find evidence that the meeting and dinner were being held, but apart from that, nothing. I am sure many Guy's men like myself deferred taking any action, thinking that our usual proforma would arrive. About a week ago I decided to ring up the Hospital to find out exactly what was happening. You will remember advance publicity has been given to a Centenary Dinner and Meeting in May and one wondered whether the Clinical Meeting was being merged into the Centenary celebrations. It appears that this failure of communication has been sanctified by the fact that the cost of circularising old Guy's men is prohibitive. May I voice a protest on the action that has been taken, as I think it to be a retrograde step. The Guy's Clinical Meeting holds an unique place for many old Guy's men and perhaps in some small way unites us and keeps the Guy's Spirit alive in us even after 40 or 50 years.

Other hospitals do not have this *esprit de corps,* and whilst not wishing to expand on the reason for this, I am convinced that the Annual Clinical Meeting at Guy's and the Dinner had done much to foster our goodwill towards our Hospital and School and to cease the normal publicity in an arbitrary fashion and leave us

(a) wondering what is going on
and

(b) to find out for ourselves,

is a churlish and ill-advised procedure. Surely a small charge on the programme or on the cost of Dinner tickets would be possible and thus cover the usual publicity in years to come.

For myself I shall only be there for a short time as two tickets for Twickenham became available before I knew what was happening and one does not hang about under such circumstances.

Yours faithfully,

S. N. TINKLER.

Kyle House,
71 Lichfield Street,
Walsall, WS4 2BY, Staffordshire.

Clinical Dental Day — A Reply

SIR,—As the President of the Dental Society this year I am happy to bear the slings and arrows of Mr. Tinkler's letter. I am saddened to think that he regards the restriction on the circulation of notices concerning Clinical Day and the Annual Dinner as churlish.

Mr. Tinkler is of course correct in thinking that the reason for reviewing this practice was the escalating cost of postage to an alumni of over 2,000.

It was decided by the Management Committee that an appropriate notice in the *British Dental Journal,* the *Gazette,* the *3M's Dental Services, The Times* and the *Daily Telegraph* would be a more suitable way of reminding all those likely to be interested. Furthermore this notice did point out that the previous circulation arrangements were not being followed this year. It was also decided that all those who had attended the dinner on any of the three previous occasions would also be notified. If Mr. Tinkler had attended, as I believe he did with members of his family, and

had not received a notice, then I apologise on behalf of the General Post Office.

I find it hard to understand the difficulty anyone has in remembering Clinical Day. Since my earliest days at Guy's I had always been under the impression that Guy's men and women had "Clinical Day is the first Saturday in March" written on their hearts.

Two tickets for Twickenham could be regarded as a poor substitute for the dinner this year. However, had they been for Cardiff Arms Park many from Guy's would have sympathised with Mr. Tinkler's dilemma.

I am pleased to be able to report that the dinner this year was attended by over 300 and an estimated 750 attended the Clinical Meeting.

Yours faithfully,

RICHARD JOHNS.

Dental Department,
Guy's Hospital,
London Bridge, S.E.1.

New Clinical Curriculum

SIR,—May we take this opportunity to comment on the criticisms that have been made about the new clinical curriculum, many of which stem from the transition from the old to new curriculum. Unfortunately there is little we can do about the disturbance caused by this transition other than to make every effort to mitigate the effects on individual students. Fresh difficulties might arise if further revisions are made to the curriculum while an overlap exists with its predecessor, so we hope that the exceptional patience that has been shown so far will continue.

The problems caused by compromise between a dominant pure clinical apprenticeship and systematic teaching were anticipated, but can only be resolved in practice. The new curriculum envisaged formal, lecture/topic teaching being provided by the Systematic Course of Clinical Instruction, on three occasions each week, allowing the clinical firms to be primarily based upon clinical apprenticeship. These twin ambitions will require continuing discussions with individuals on the teaching firms to ensure that all clinical teachers are in agreement with our aims and produce timetables suited to clinical apprenticeship.

The need to make a compromise between different educational methods is forced on us by other constraints. For example, we lack sufficient clinical teachers in some specialties. Our supply of patients is such that we need to have bedside teaching throughout the year and not fragmented into occasional forays into the wards. For bedside teaching to be feasible, small firms are required, and this in turn consumes teaching resources. These, and problems of time-tabling, strongly influence the arguments about the educational merits of various ways of clinical teaching.

At this formative stage in the new curriculum we would welcome constructive debate into future developments of clinical training.

Yours faithfully,

T. J. H. CLARK AND B. H. HICKS.

Guy's Hospital,
St. Thomas' Street,
London, S.E.1.

Operating Theatre of Old St. Thomas's Hospital

SIR,—It is now over 13 years since the Operating Theatre of Old St. Thomas's Hospital was renovated and opened for exhibition. At that time an eminent individual who represented an important Trust, to whom an application had been made for financial assistance, did not support the request and said that he gave the venture no more than five years before it came to an end.

Much work has been put into the maintenance of the Old Theatre by the Organising Committee and in particular a great deal of its success has been due to the efforts of Mr. Scott, the devoted Curator.

A year ago a charitable Trust was formed for the support and continuance of the Theatre but with only a small amount of capital (£1,000) which went almost nowhere towards meeting the annual costs which have been undertaken by both Guy's and St. Thomas's Hospital.

I am very happy to report that in addition to the continued existence and success of the Theatre exhibition its financial future has been transformed by the splendid gift of £9,500 through the good offices of Mr. F. R. Kilpatrick as a legacy from a former patient. We are very grateful to Mr. Kilpatrick for his gift which helps to ensure the survival and existence of the Old Theatre Museum.

At the same time we would still be grateful to receive any additional donations that your readers might be able to direct towards strengthening our position further.

Yours faithfully,

LORD BROCK, M.S., F.R.C.S.

Guy's Hospital,
St. Thomas Street,
London, S.E.1.

Clerk to Mr. Mollison

SIR,—I read the letter from E. C. Hughes (to whom I was H.S. in 1926) I too clerked for W. M. Mollison. He spoke very occasionally about the carbolic spray which gave him dark urine but obviously did him no harm.

Yours faithfully,

R. E. SMITH.

Warwickshire Postgraduate Medical Centre,
Stoney Stanton Road,
Coventry, CV1 4FG.

Welcome to Cape Town

SIR,—I moved up here from Cape Town last August. So far I have not met anyone from Guy's, but to anyone in the area, I hope they will get in touch. I am the Lady Warden for the Nurses Home—595 Nurses in all. I hope that any Guy's nurse or doctor passing through this area will contact me as I would love to meet them. I was lucky to be at Red Cross Children's Hospital in Cape Town and meet our Professor of Radiology, Dr. Cremin, who was also at Guy's in the 1940's.

Yours faithfully,

JUNE WYATT,
née HANNA (1943-47).

The Nurses' Home,
Gray's Hospital,
Pietermaritzburg, 3201, Natal,
Republic of South Africa.

Residents' Play

SIR,—We write with reference to the letter in the *Gazette* of 28th February, 1976 concerning the Residents' Play.

As the Director and Musical Director of the last Residents' Play in 1974, we were disappointed that there was no Residents' Play in 1975 and are now horrified to find that in 1976 there is yet again to be no show. It would be a tragedy indeed if this fine Guy's tradition were to cease.

It is either the establishment that is at fault in choosing single-minded dullards for the House, or the Residents must be blamed for their singular lack of versatility.

As well as the Royal Sussex County Hospital show mentioned by Mr. Lane Roberts, both Torbay Hospital, Devon, and Farnborough Hospital, Kent, had shows in 1975 run by ex-Guy's doctors.

We sincerely hope that the sorry state of affairs that exists at our Alma Mater is not permanent.

Yours faithfully,

DAVID J. JONES,

TIMOTHY J. THORNTON.

6 Moward Court,
94/96 Blackheath Hill,
Blackheath,
London, S.E.10.

Waas Was Wass

SIR,—I really must protest at the wrong spelling in the *Gazette* of a famous Guy's name.

On page 33 of your 31st January issue of the *Gazette*, Miss Theison refers to Mrs. WAAS. The lady referred to is Mrs. WASS, daughter-in-law of Sam Wass.

Yours faithfully,

JUNE WASS.

8 Grenville Court,
Lymer Avenue,
London, SE19 1LR.

Hockey Club Raffle

SIR,—May I through the *Gazette* thank all those Past and Present members of the Hockey Club who so generously contributed to the raffle run by Jim and Betty Marsh at the Past v. Present Hockey Match, held on 7th March at H.O.P. The proceeds have been forwarded to Cliftonville Hockey Club whose ground and clubhouse have been taken over and destroyed during the "civil" disturbances!

Those who contributed can be sure we will put the money to good use and that we would be pleased to entertain anyone from Guy's venturing to Belfast.

Thank you.

Yours faithfully,

RICHARD KENDRICK.

53 Greystown Avenue,
Belfast, BT96 UG.

Balance Sheet as at 31st December, 1975

1974				1974			
£		£	£	£		£	£
	ACCUMULATED FUND :				INVESTMENT AT COST :		
12,120	Balance at 1st January, 1975 ...	12,120.05		4,996	N.V. £5,780 8½% Treasury Loan 1984/86 ...	4,996.19	
	Less Excess expenditure over income for the year ...	1,716.52		—	*N.V. £5,220 8½% Treasury Loan 1984/86 ...	3,921.18	
			10,403.53				8,917.37
739	CREDITORS		932.47		£11,000 (Market Value 31.12.1975 £8,745)		
					*Purchased 28th January, 1975		
					DEBTORS :		
				581	Advertisements, etc.		571.70
					CASH BALANCES :		
				6,000	Deposit Account—Bank	1,550.00	
				1,244	Bank Current Account	270.23	
					In Hands of Officers :		
				38	Petty Cash ... £18.70		
				—	Postage Stamps ... 8.00		
						26.70	
							1,846.93
£12,859			£11,336.00	12,859			£11,336.00

GUY'S HOSPITAL GAZETTE

Income and Expenditure Account for the year ended 31st December, 1975

1974	EXPENDITURE	£	£	1974	INCOME	£	£
£				£			
545	Editor's Honoraria	690.00		2,799	Advertising	1,850.12	
50	Librarian's Honorarium	50.00		7,398	Subscriptions	7,025.57	
1,086	Management and Staff Salaries	1,904.52		421	Interest on Deposit—Gross ...	176.80	
349	Stationery, Postage and Miscellaneous Expenditure	298.84		491	Investment Income—Gross ...	713.15	
							9,765.64
6,702	Printing, distribution and Block costs	8,409.96			Sales of :		
131	Printing of Indices	157.09		64	Etchings	83.80	
42	General and Water Rates ...	62.07		138	Christmas Cards	135.07	
169	Cleaning	128.55					218.87
			11,701.03	5	Miscellaneous Income		—
45	Printing of Etchings		—	—	Excess Expenditure over Income		
70	Printing of Christmas Cards ...		—		for the year		1,716.52
2,127	Excess Income over Expenditure for the year						
£11,316			£11,701.03	£11,316			£11,701.03

SPORT

Sports Commentary

It has not been a very good month for Guy's sports and the club officials in general, have little to smile about. What should have happened but didn't, and what should happen but probably won't, is the case for many clubs. Is this not always the case at Guy's? One may well ask and the retort should be a vehement "No!" Some of the more traditional sports are admittedly going through a lean spell but all is not gloomy. From a bright light in the sky (occasionally obscured by the Tower block!) comes forth the image of a swimming pool.

It would seem that the upsurge in sheep dipping under Wolfson House is paying dividends (for the swimming and water polo clubs, that is!) Could this be a new era for Guy's sport? In conjunction with this, minor rejuvenation of the Pavy Gym has heralded the appearance of a crop of successful badminton results.

All is blooming for the indoor sports (we hope). But what of the fearless combatants who do battle on the fields at H.O.P.? As the winter season splutters to a halt the results became more and more unpredictable. The 1st XI soccer team has faltered somewhat from its early season supremacy but are still having their successes. The 1st XV rugby has recently taken a turn for the worse but the club is being bolstered up by the lower teams, i.e. the "Artists" and "Beers". Their successes are all too often forgotten. The hockey teams have been relatively dormant over the past weeks. Perhaps thoughts are on the Paignton and Folkestone Festivals? However, the 2nd's are through to the final of the cup and are due to play London Hospital 2nd's in the near future. The sailing crews also seem to be enjoying a modicum of success and experience will obviously benefit them next year—after ironing out some mistakes which are costing them penalty points at present. Thoughts of the summer are obviously on the minds of many people and the arrival of the summer sports will bring a welcomed change (and some good results we hope).

SOCCER

1st XI Review

After leading the U.L. 1st division for so long before Christmas, the 1st XI has recently seen its grasp slipping. It is hard to put a finger on any one cause, however, it is in defence where the basic problems lie, weakened by the absence of certain players.

Looking at individual games, our run of victories before Christmas continued with a 5-2 win over S.O.A.S. (away). After this fixture, we failed to hold a superb London Hospital Side at Walthamstow, losing 0-4. Our U.L. Cup run was unfortunately rather short lived. We lost 2-5 away from home to Q.E.C., from the Premier Division. We were in no way out-played, drawing level twice. Three late goals by Q.E.C. finally sealed our fate. Our U.H. Cup story is no less tragic. We crashed 1-7 in January to the Middlesex Hospital, an injury to Collett (carried off with an ankle injury) definitely disturbed the fine balance of the game after the first half.

Recent league results, despite team sheets which look totally different from week to week, have been more encouraging. We have managed to stay in contention at the top of the league and the injury problems are resolving. The double was completed over the Royal Vets' with a 3-2 away win. Haythrop, who declined to play at H.O.P. earlier in the season, provided no serious opposition at Regent's Park and we strolled home 7-1. Another point was secured in a hard fought match at H.O.P. against S.O.A.S. (2-2). Selection problems withstanding, we hope it is not too late for us to achieve a promotion place this season.

S.F.E.

RUGBY

Guy's 1st XV 6 vs. Nuneaton 20

Saturday, 13th March, at Nuneaton

Some hefty defeats and a series of injuries had seriously impaired the team morale and it was with some trepidation that they ventured North. Nuneaton were clearly expecting an easy game but in the event both teams were surprised by the closeness of the competition. In a style utterly out of character, Guy's began with some fierce tackling and spoiling so that for the first ten minutes Nuneaton were struggling to prevent a score. In doing so they conceded several penalties and after Hughes had failed with a few long distance attempts and Danford had missed one relatively simple goal, the latter eventually kicked two which were well placed.

In the set pieces Guy's had to contend with a much taller and heavier pack. The scrummaging was fairly even and Guy's did well considering the prolonged absence of Brazier with a neck injury and Capp who was impeded by a painful shoulder. To say that the Hospital failed to win much line-out ball is an understatement but the side played repeated short-lines and at least managed to prevent Nuneaton from winning tidy possession. Before half time Nuneaton were able to move ahead following two tries and a conversion. Their points in this half and the next were all scored by their big forwards. The tackling of the Guy's backs was particularly impressive and they successfully foiled most attempts by the Nuneaton side to develop incisive attacks. Although the score margin suggests an emphatic Nuneaton victory, the run of play was by no means all in that direction.

Team: I. Neill, T. Gibson, P. Loxton, J. Brazier, N. Capp, R. Laws, C. McLauchlan, L. Hughes, M. Broughton, A. Portelly, T. Stanley, M. Danford.

T.G.

Guy's 2nd XV 13 vs. Westminster Hospital XV 16

Semi-Final, U.H. Junior Cup

Wednesday, 25th February, at Cobham

The mood was one of confidence as the 2nd XV set off to Cobham for the semi-final game against Westminster Hospital, accompanied by a small but vociferous band of supporters. Guy's lost the toss and were made to kick off into the sun against a slight breeze. The first try came after only two minutes from the breakdown of a Westminster move deep in the Guy's half. The ball bobbled loose, Jones picked up well and made ground before passing along the line to McLauchlan looping outside Stanley on the wing to get the touch down. Guy's were unlucky to concede a penalty a few minutes later following an alleged line-out infringement. This was successfully kicked and spurred Westminster on to their first try which followed an indecisive tackle 10 yards out when the opposing centre looked to be grounded but went on to set up a try. This gave Westminster the lead but Guy's pulled back with a fine try on the left wing by Wilkinson. One kicked penalty apiece and a further try by Westminster left the half time score at 16-13 in Westminster's favour.

Neither side scored again despite three long-range penalty attempts by McLauchlan in the second half. This was an evenly matched game which, in the end, could have gone either way. It produced a fine performance by the 2nd's who, unlike Westminster, comprised the regular Saturday side. Good performances by the younger members, particularly Capp at wing-forward, Parry at prop and Wilkinson were an encouraging feature of the game.

Team: T. Goodship, G. Parry, E. Wheelwright, T. Hutchinson, K. Foote, N. Capp, D. Webb, M. Minogue, N. Kingdon, C. McLauchlan, J. Harker, G. Jones, T. Stanley, T. Wilkinson, M. Broughton.

K.D.F.

HOCKEY

The 1st XI 1975-6

Since the unhappy outing to Canterbury in November when, you will recall two sticks, Tim Bayliss' front tooth and an undefeated league run were broken, the fortunes of the 1st XI have been mixed. Apart from a few more sticks and the nose of a Tulse Hill forward the list of breakages now includes the zygoma of John Pascoe our goalkeeper. In his absence the notorious ability of Mark Harris to get his feet to the ball has been put to good use. As for the rest of the team it has played some excellent hockey which sadly often only served to inspire the opposition to new heights of endeavour while the lads themselves seemed to be mesmerised by it all. Of course all the players contributed their own brand of magical moments to the play; Jeremy Horton romping relentlessly down the right wing with and without the ball and Andy Smith matching him on the left; the new players Simon Cunnington and Shiraz Gulamali proving valuable additions to the team with their speed, tenacity and ball control while hardened Spirochaetes Tim Bayliss and Gus Kingon continued to show us what fine players they are. As for Jon Vafidis, he remains unpredictable and noisy but has managed to score his quota of goals.

While undoubtedly more glorious in defeat the side has won some useful victories. It must be admitted, however, that often the opposition was rather sub-standard on these occasions and perhaps it was the lack of challenge which was responsible for the generally low standard of play, with the result that teams which ought to be soundly beaten were defeated by the odd goal. Our achievement in the Trueman League is equivocal—5 wins and 4 losses—but we remain in the middle of our division. However, crowned by a magnificent draw with Tulse Hill this season has provided its share of fine games, excellent drinking and enjoyable times all round. It was a pity that the side was unable to get off the ground in either of the cup competitions, being beaten by the London in the U.L. and St. Thomas' in the U.H. cup. Results aside, it has been a very enjoyable and successful season. We have a talented and skillful side which sometimes lacks the determination and cohesion to play consistently at its best. With the enthusiasm now in the club it will not be long before this is rectified. Finally a word of thanks to Colin Hunter-Craig who has regularly throughout the season kept the boys in line on the pitch and in good spirits off it. With this team and Colin's support we are in for a very good time this Easter at the Folkestone Festival.

J.A.V.

Guy's 1st XI 1 vs. Peak Freans 0

Saturday, 6th March, at H.O.P.

This match marked the end of this year's league programme. To date Guy's had won 4, and lost 4 and it was generally expected that this would be the fifth win. Mark Harris in goal had a quiet time, trusting on one occasion to Mike Selley's casual flick off the line to keep his goal unviolated. Chris Hendy, Steve Flint and Shiraz Gulamali—who seems to find right-half to his liking and is playing very well—held the mid-field and kept the energetic but hapless forwards well supplied. Chances were few and at half time the score sheet remained clean.

The moving of Steve Flint up to inside-right seemed to have paid early in the second half when receiving the ball on the 25 yard line he waltzed and side-stepped through the P.F. defence and scored. Although this was disallowed because apparently he had obstructed in transit, the goal was not far off. For some obscure tactical reason Jon Vafidis found himself with the ball on the right and his cross was smashed unceremoniously by Tim Bayliss past the cowering goalkeeper. While this delighted Guy's it rather upset P.F. and when Mike Selley upended one of their players it seemed

likely that they would lynch him. Fortunately they were content to accept a penalty corner from which Selley—adding insult to injury—made the second of his saves off the goal line. Although the remainder of the game saw some interesting action it was chiefly of a verbal nature and I am pleased to say mainly from the Peak Frean end.

Team: M. Harris, M. Selley, S. Cunnington, S. Gulamali, C. Hendy, A. Kingon, J. Horton, S. Flint, T. Bayliss, J. Vafidis, A. Smith.

J.A.V.

Past 0 vs. Present 2

Sunday, 7th March, at H.O.P.

It being the morning after the Dental Dinner, many of the 1st XI were nursing hangovers as they awoke on the first Sunday of Lent to the daunting prospect of the annual Past vs. Present match and blizzards ravaging S.E. London. However by 2.30 p.m. after pre-match training in the H.O.P. bar we went onto the pitch a trifle less concerned by either. Supervised by the umpires, Colin Hunter-Craig and Nick Matthews, the combat begun.

For the first half despite fine attacking play by the visitors and equally fine defence by Mark Harris in goal, Mike Selley and Simon Cunnington, neither side took the advantage. After a hasty half-time break for the traditional jug of beer play resumed. Soon after the start, the Present rewarded their hardy supporters with their first goal. Flint passed perfectly to Vafidis lurking questionably on-side and he, with unusual accuracy, struck the ball inside the far post. Naturally at this unexpected turn of events, the Present Side went from strength to strength with Smith flicking the second goal hard and high over the goalkeeper's shoulder. Despite renewed attack from the Past, especially Mike Appleby, they did not reduce the deficit. However it was obvious that the score could easily have been reversed had the Past team been able to play together beforehand.

Later the rivalry of the match entirely gone, both sides settled down to the serious business of the "après hockey". In this Mike Selley came into his own, showing how to raffle sausages and auction wine. The proceeds—about £22 went to a N. Ireland hockey club run by an ex-Guy's dentist whose premises were bombed.

Team: M. Harris, M. Selley, S. Cunnington, S. Gulamali, C. Hendy, S. Flint, J. Horton, A. Kingon, J. Vafidis, A. Smith—A. N. Other (to whom we are greateful for his standing in for us).

J.A.V.

2nd XI Review

After a hard game against Blackheath on 14th February, which Guy's lost 6-4 (Rowley 2), the fortunes of the 2nd XI began a varied course ending unfortunately with an ignominious defeat at the hands of Tonbridge at H.O.P. (0-6). However, preceding this match, Guy's had played down at Gillingham against Old Anchorians. Having changed in a "cow stall" (sorry, the changing rooms!) and playing a man short, the first half was played with Guy's in defence. Fortunately, only one goal was conceded in this spell. After the change-round a scrambled goal by Smith raised the Guy's morale, only to be undone by two goalkeeping mistakes. Undaunted, Guy's pressed forward and were rewarded by a goal by Harris. This was followed up within minutes by a well-deserved goal by Keable-Elliot whose play was outstanding throughout the match. The game ended in a 3-3 draw and was a just reward for the 2nd's. Another game should have been played by the 2nd's against the London in the semi-final of the Cup. This turned out to be a "walk-over" for Guy's since the London failed to turn up twice. We hope we have such luck in the final!

Team from: S. Martin, C. Gwinnutt (capt.), S. Filose, M. Kiln, D. Keable-Elliot, W. Scott-Smith, D. Greaves, P. Rowley, M. Houghton, A. Harris, S. Blowers, R. Steel, M. Patel, R. Hannaford, M. Vallis.

W.S.S.

SAILING

Castaways Cup

The 1976 inter-collegiate Castaways Cup was held at the Welsh Harp on Saturday, 28th and Sunday, 29th February. Fifteen teams entered the competition, which was run on a semi-American league basis.

Guy's were in a group with University College and St. Thomas' Hospital. In the first race against St. Thomas' the first boat away was one of the opposition, but at the end of the first lap Guy's had the winning combination of second, third and fourth, after a certain amount of team work holding up two of the opposition. However, Guy's had to accept three penalty points because of a very poor rounding of the gybe-mark. At the end of the race, Guy's were in second, third and sixth places and lost by one-and-a-quarter points. In the second race against St. Thomas', Guy's had to yet again give away three points because of a bad gybe at the wing mark. On the second run all the boats were close together, and there was a certain amount of close manoeuvering to try to obtain the inside berth at the gybe-mark. Unfortunately, one of our boats gybed close to one of St. Thomas' and was disqualified later on protest. Guy's finished first, third and fifth, but this was not enough to make up for all the penalties picked up, and Guy's lost the match by $30\frac{3}{4}$ points to $24\frac{3}{4}$.

In the first race of the second match which was against University College, Guy's got off to a poor start and only managed to finish third, fourth and fifth. In the second race Guy's finished first, second and sixth. Because the points were equal but the second race was won by Guy's, the match was a technical win. However, because only one race had been won of the four sailed, Guy's were eliminated from the competition. All enjoyed the sailing which was, as ever, organised by a friendly but efficient team.

Team: A. Houghton, P. Hutchings, R. Martin, Miss F. Neeson, W. Suddell, N. Surridge.

W.S.

BADMINTON

Saturday, 13th March, was to all intent and purpose, the end of our first season of league and cup badminton. The only match of any importance that is left to us is the final of the U.L. Cup against Queen Mary's College.

The semi-final was played on the 3rd March against the London School of Economics in the Pavy Gym. Guy's were able to field an extremely strong side. The team consisted of Dianne Christopher, Pat Assinder, Deb Kirby, Ray Sharp, Phil Bolt, Les Brann and Mark Harris. Following a poor start in the men's doubles, there was an amazing response from the Guy's side, as they did not concede any further games. Thanks should go to Ray Sharp, our miniature international and our two Kent County players Deb Kirby and Pat Assinder, who formed the strength and nucleus of the side. The final will be played at Q.M.C. on the 1st May.

The last game of the season was against Queen Elizabeth College, Kensington, in a mixed match. This was our first defeat in the mixed season. In spite of this we are assured of promotion. Unfortunately the men have not been as successful on their own, having lost in three of their matches. This means that promotion will have to wait until next season.

The close season should mean the consolidation of the club and to do this we need an increased membership. The ambitions of next season are to put out two mixed teams, a women's team and of course a men's side. There should be plenty of tuition for beginners and club nights should be more of a success. It is hoped that everyone interested in playing badminton this summer will contact the club via the badminton club pigeon hole. Club nights are on Wednesdays and Thursdays, commencing at 5.15 p.m.

M.H.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

February 1976

Ph.D.

Medicine

S. E. Greenwald (Pathology)

UNIVERSITY OF LONDON
FACULTY OF SCIENCE

B.Sc. Examination for internal students 1975

GUY'S HOSPITAL MEDICAL SCHOOL

First Class Honours

D. L. Boone
Miss J. M. Godsland
A. H. Heagerty
R. G. Henderson
A. R. Johns
T. J. Palmer
P. F. Shipton
J. M. Twomey
H. Watkin
N. R. Womack

Second Class Honours—Upper Division

Miss S. A. Amiel
C. B. Archer
Miss J. M. Bailey
N. C. G. Bathurst
J. R. Britton
C. M. C. P. de Sousa
I. D. Entwisle
D. J. Fuller
M. J. Margetts
Miss A. L. C. Nixon
J. A. Pain
Miss D. A. Robinson
W. A. Sudell
G. M. Willetts
D. D. I. Wright

Second Class Honours—Lower Division

W. F. de Mello
N. J. Hague
R. G. C. Martin

THE CHARTERED SOCIETY
OF PHYSIOTHERAPY

Finals Examination

November 1975

Mrs. B. M. Bishop
Miss J. H. Boog-Scott
Miss R. Y. Burbidge
Mrs. P. M. Draper
Miss G. J. Flook
Miss J. Godsall
Miss S. A. Habberfield-Bateman
Miss C. E. Hill—Credit
Miss T. E. Kalheim
Miss A. K. Kingsbury
Miss G. A. Maeers
Miss E. A. Meire
Miss D. M. E. Pullen
Miss L. A. Rugg
Miss D. M. Sherwood—Credit
Miss E. J. Warmington
Miss A. S. M. Winney

Final Examination

February 1976

S. M. Born (Credit)
Mrs. K. S. Crocker
J. D. Wyatt-Smith (Credit)

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following Scholarships for the Session 1976-77. Forms are obtainable from the Dean and should be returned not later than 30th April, 1976.

The Beaney Scholarship in Materia Medicine

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medicine (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of approximately £375.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and/or in disease. The Fripp Fellow is allowed opportunities for study in the Department of Paediatrics and the Department of Child and Adolescent Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £600 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners, who have studied at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is up to approximately £750.

The Lambrinudi Memorial Scholarship

Candidates for this Scholarship must be male students who have completed their preliminary training in Orthopaedic Surgery and have held the post of Orthopaedic Registrar in a Teaching Hospital within the Commonwealth and who wish to further the study of Orthopaedic Surgery by postgraduate study, research or travel. The value of the Scholarship is approximately £344.

The Hilda and Ronald Poulton Fellowship

The Poulton Fellow carries out research in the Department of Medicine under the direction of the Professor of Medicine and the object of the Fellowship is to increase the knowledge of the origin, progress, treatment and cure of obscure diseases in man. The Fellow is appointed for two years in the first instance with possible reappointment from year to year. He is required to work at least half his time in the Department of Medicine under the direction of the Professor of Medicine and may hold another appointment at the Hospital or School. The present value of the Scholarship is approximately £420 per annum.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered Medical Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £460.

BIRTH

RICHARDS—To Tony and Elaine Richards, on 16th February, 1976, a daughter, Tessa, sister to Jonathan and Claire.

ENGAGEMENT

Nicos S. Nicholas, B.Sc., to Marie Bernadette Abell.

DEATHS

Dr. P. D. H. Chapman, in February, 1976.

Dr. I. E. Harris, on 14th February, 1976.

CHANGES OF ADDRESS

Dr. and Mrs. D. M. Carnegie, 5/1 The Paragon, Blackheath, London, SE3 0NY. Tel. 01-852 4424. (112a Harley Street remains unchanged).

Mr. and Mrs. D. V. House, 8 Greyfell Close, Stanmore Hill, Stanmore, Middlesex, HA7 3DQ. Tel. 01-954 0525.

Dr. and Mrs. M. St. G. Wheeley, 30 Websters Close, Glinton, Peterborough, PE6 7LQ.

Dr. and Mrs. Gwyn Llewellin, "Peverell", Coast Road, Greve D'Azette, St. Clement, Jersey, C.I.

Mrs. J. Wyatt, c/o The Nurses' Home, Grey's Hospital, Pietermaritzburg, R.S.A.

PERSONAL

A BRIGHT cheerful ground floor dental surgery to let, full or part time, used by previous Guy's man now retired. Long lease — possibilities. Tel. 01-935 5153. 4 Upper Wimpole Street.

WEYMOUTH ST., W.1. First floor s/c consulting room and secretarial office. 3 years lease, renewable. Rent £1,700 plus services. Use of waiting room and receptionist. Suitable for two consultants to share. Tel. 01-580 1616.

PAPERS BY GUY'S MEN

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GUY'S HOSPITAL GAZETTE

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PHYSIOTHERAPY CORRESPONDENT R. J. COOPER
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MONTHLY 24 APRIL 1976 VOLUME 90 NUMBER 2257

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

THE HARBINGERS OF GLOOM

This spring the sound of the first cuckoo seems to have been drowned by the wails of gloom from the economists and others. Report after report has forecast dire times ahead. Indeed two eminent bodies have recently asserted that World War was inevitable within the next decade. Against this background of depression and gloom, one must surely question the validity of these forecasts and the effect that they have.

There seem to be two main problems. The first concerns the manner in which the news media report any complicated issue. Without a doubt it is bad news and sensational items which sell newspapers. Equally, pressure of space necessitates the story being put across as simply as possible. Thus a 1,000 page document, such as the recent Cambridge Survey, must be condensed into a few paragraphs. The message is either good or bad without qualification. This would not matter, if people then read the full document, but of course few people have the time or the opportunity to do so. Therefore, qualified assertions become stated as fact. A good example of this has occurred recently within the medical field over the reported association of a virus with multiple sclerosis. This was distorted quite unintentionally in the press, such that it was suggested that a vaccine was about to be launched into clinical use.

The second difficulty resides in the very nature of economics itself. The debate still rages as to whether or not economics is a science. As one eminent economist said, "the problem with economic theory is that people do not react as we predict they should". This notion is now reflected in the new disciplines of macroeconomics (that which deals with government policies) and microeconomics, which is

concerned with the way people act within the system. Unfortunately the two do not often inter-relate as they should. To an onlooker it seems that economics is akin to medicine in the eighteenth century. The disease can be recognised and fully documented, but the underlying pathology is still obscure. The remedies also appear to have a close resemblance to that period, to judge from recent budgets. The poor patient is either bled or purged. Indeed some of the experts seem to be more interested in the type of economic coffin we should choose, rather than in the possibility of our recovery.

It is doubtful whether economic forecasts can be considered as scientific since by their very nature they depend upon extrapolation beyond the data. Past experience shows that these reports are often selectively biased and sometimes completely inaccurate. The selective bias is shown by the studies of oil prices. When predicting or guessing future world inflationary trends, the economists state that oil prices will inevitably rise over the next decade. Yet when the same groups refer to our North Sea Oil exploration and development costs, they confidently assert that our investment will not bring a profit because the world price of oil will soon fall sharply. One can only ask "are these reports biased?"

The studies do represent the best available guesses or estimates as to what may happen in the future. However, if the reports are believed then steps will, one hopes be taken to avoid the problem. Yet perhaps more significantly these gloom stories may be self-fulfilling. The critical factor in the present inflationary cycle is confidence at home and abroad. Should people believe that inflation cannot be controlled, then they will act to ensure that it will not, since they will convert money into goods, expand demand and be prepared to pay higher prices to obtain tangible goods. Equally people will not be prepared to save or to invest; indeed this is happening today. It is now universally agreed that the underlying problem of the British economy is a chronic lack of investment. This surely stems from the lack of confidence in the future. The burden lies not so much with the economists who produce these documents but with journalists and the manner in which they report these forecasts.

Britain today is lacking not National Unity, rather it is lacking National Pride. We need to re-assert ourselves on the World stage. We need to hear more people defending our great institutions, our democracy and our freedoms. Too often our industry is unnecessarily denigrated and our very real achievements are glossed over. It seems appropriate that we should reflect on this at the present time, since on 6th May we shall be celebrating 250 years of great achievement and success which have taken place at Guy's. The opening of Guy's Tower demonstrates the tremendous potential our Hospital has for the future. It shows that we can easily equal and surpass the standards set by other countries. What is needed is the confidence to set about re-establishing our true national potential. After all economic success is only the sum of individual effort. The past 250 years of our Hospital have demonstrated what the foresight of one man, Thomas Guy, can launch and how others can build on this. Today as a Nation we do not need forecasts and pessimism but rather foresight and hope.

NEWS IN BRIEF

University Appointment

Congratulations to Dr. R. Hermon Dowling, M.D., on whom the University of London has conferred the title of Professor of Gastro-enterology. Dr. Dowling, who took up the appointment on 1st April, is the first Professor in this field at Guy's. Congratulations are also extended to Dr. Gordon E. Sladen, M.A., D.M., who has now been appointed Consultant in Gastro-enterology to the Hospital.

Mr. Roger Parker

We should like to take this opportunity to congratulate Mr. Roger Parker on recently being awarded the degree of Master of Surgery of the University of London. We should also like to congratulate him on his appointment as Consultant Ear, Nose and Throat Surgeon to the Royal Berkshire Hospital, Reading.

Consultant Appointments

We should like to congratulate three ex-Guy's Registrars on their recent appointment :

Mr. Richard Collins, F.R.C.S., on his appointment as Consultant Surgeon to the Kent and Canterbury Hospital; Dr. John Powell-Jackson, M.R.C.P., on his appointment as Consultant Physician to the Royal Hampshire County Hospital, Winchester, and Mr. Michael R. L. Joyce, F.R.C.S., on his appointment as Consultant Urologist to the Guy's and Farnborough Hospitals.

Professor of Family Practice

We offer our congratulations to Guy's man Dr. Robin Y. Catlin, M.B., B.S., F.R.C.G.P., on his appointment as Professor of Family Practice and Director of the Departmental Research Division at the University of Massachusetts Medical School in Worcester. The appointment takes effect on 1st June, 1976.

Mary Dallimore

We regret to announce that Mary Dallimore will be leaving the Medical School office at the beginning of May. Mary, who has been with us for more than four years, is leaving to get married, and will be taking up a job nearer home. We should like to take this opportunity of giving Mary our warmest regards, best wishes for the future and good luck in her new job.

Editors' Honoraria, erratum

We apologise for a printing error in the publication of the *Gazette* accounts in the March issue (p. 107). In fairness to our Editor, we feel we should point out that "Editor's Honoraria" should have read "*Editors'* Honoraria. We apologize for any misunderstandings this error may have caused and would like to emphasize that any rumours suggesting that Mr. Handler is about to take a holiday in the Bahamas are totally without foundation.

Gala Sports Day at H.O.P.

On Saturday, 8th May, the Clubs' Union is arranging a Gala Sports Day as part of the Hospital's 250th Anniversary Celebrations. Events include six-a-side football, tug o' war, mixed doubles tennis, cricket and athletics. Athletics events comprise mixed relays, boat races, sack races, egg-and-spoon races, obstacle races, etc. and the Nurses' Relay for the "Bed-pan Trophy"! Teams of eight from anywhere in the Hospital are invited to participate—there are many prizes to be won.

The Bars will be open all day (10.30 a.m. until midnight) and further entertainment supplied in the evening by live groups, a disco (from 6.30 p.m.) and a Bar-B-Q. Admission by programme; on sale beforehand or at the gate. Everyone welcome!

Review

" A Little Night Mucus "

The Theatre Club had to make way for the French Season in the Greenwood this term. Instead Mike Humphries (*mort* Dracula) directed the first Revue produced in the Ballroom by the Club for a very long time. The programme represented an unashamed and highly successful synthesis of material provided by Mike with no little help from his friends outside Guy's. On both nights Rob Glynne-Jones, John Duckworth, Steve Humphries, Steve Hogar, Sharron Haggerty, Jane Storey, and Wendy Towell played to capacity houses.

Of the twenty sketches only a few were medical. Of those even fewer were sick than just plain alimentary. Steve Humphries was an experience on his own, in particular in his Healey-Piggy Bank sketch ("Bye now—Pay Later"), and in his rendering of "If you could see her through my eyes" (My heart beats fast when I'm near her, hers stopped three weeks ago—Infarcation). John Duckworth gave a lucid and inimitable rendering of the story of "A lub dubbly Jung femur called Cindernbella". Rob Glynne-Jones gave us a serious and sensuous interpretation of "Adaggio for Two" or "Let's do it again". Steve Hogar as Shakespeare in his somewhat scatological however characteristic, posture of work showed sensitivity in his delivery of "The Quality of Mercy is not strained" (Sic). The girls were not allowed as much of the limelight as they deserved, acting, although with great effect, mainly as foils rather than initiators. Wendy Towell on piano was the brick of continuity—and mellifluous too.

The Revue showed several things. Firstly the cultural expectations of Guy's are apparently more precisely satisfied by an under-advertised, minimally rehearsed, revue rather than a major Theatre Club production of anything as difficult as a pantomime. Secondly it is high time the Club started to write some more. Thirdly it is high time the Club started writing some more with female lead parts.

Mike Gill.

CLUBS' UNION NEWS

Medical Student Societies' Information Service

A conference of officers of twenty medical student societies was held in Liverpool on 27th March. Various issues were discussed, from social events to V.A.T. and from course design to catering. These discussions yielded much helpful information, as well as many shades of opinion but the most important item was the establishment of an information service for medical student groups to exchange and obtain information and ideas, between the twice yearly conferences. In the end, an offer by the Medical Defence Union to allow their offices to be used, free of charge, for this purpose, was accepted. The only condition of the offer was that the M.D.U. should not in any way be involved in politics and that if this did occur the M.D.U. would withdraw its support immediately. This condition was thought not only to be acceptable but indeed positively beneficial, since those societies wishing to have a political voice already have this, through the N.U.S., whilst the remainder were in general disenchanted with student politics. The organisation is thus neither in competition nor alliance with the N.U.S., B.M.A. or any other political group but simply a service to enable the officers of medical student groups to run their organisations more efficiently and with greater benefit to their members. It should be noted that benefits in excess of costs have been realised from the conferences and that this new service is practically free (excluding postage and phoning).

A group of five students, including myself, met with Ian Black (of M.D.U., Manchester) on 8th April to set the wheels in motion.

For a start we will keep an up-to-date list of representatives of each college in seven branches of student life (Internal Affairs, Secretarial Services, Magazines, Finance, Social Events, Sporting Events, External Affairs). This will make all correspondence between various societies and unions simpler, since we will know who to write to about what. Onto this will be built details of various situations within different schools and societies (catering, course variations, facilities for sport and social events, house job allocation systems, finance, etc.) as well as lists of useful information (good places for electives, interesting lecturers for meetings, etc.). This should all be completed by the time of the next conference in September (at Bart's) and we will then add to the information, as required, and also produce a "how to organise . . ." series. These will be written by self confessed experts on such subjects as Discos, Bars, Balls, Magazines in order to help the less experienced to give their fellow students a better deal.

All this information will be accessible to Guy's Clubs' Union officers for the price of a stamp or a local phone call and I believe will in a real (though probably subliminal) way contribute to student life at Guy's. I shall be happy to provide further information about either the information service or the recent conference, or to discuss any of the issues raised with any interested individuals.

Dave Markwell,
Vice-President, Guy's Hospital Clubs' Union,

SOUTH WALES & MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

This Society, founded in 1953 by Mr. Morwent Brown and Dr. Rendell Baker, celebrated its 25th Meeting and Dinner in Cardiff on 7th February, 1976. Mr. Brown was the Honorary Secretary and Treasurer for 19 years, and it is a tribute to his energy and organising ability that the Society has flourished and endured as an annual event at which Guy's men and women meet their former colleagues and teachers and maintain their contact with Guy's. Mr. Brown has been ably assisted throughout by Mr. Hugh Harley, Dr. H. A. Thomas and all Founder Members.

The Society has received gifts, which include a very fine President's Chain of Office presented by a founder member, crested ashtrays, a Gavel and block made from timber recovered from Guy's House after the "blitz" in 1940, an embossed Minute Book, and a painted large wooden Crest all from former members of Guy's staff who have been invited as Official Guest speakers, and from Society members.

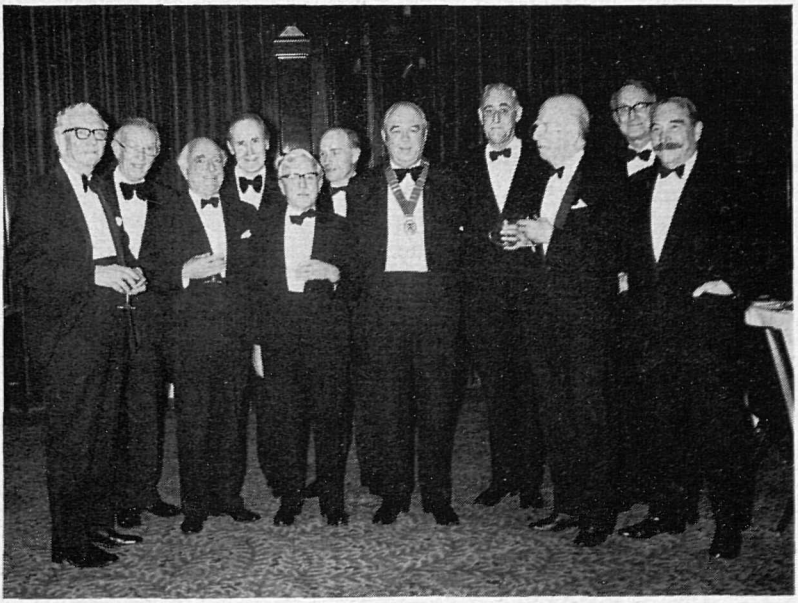
In 1971, the Members donated a sum of money for the T. J. Evans Prize which is awarded every second year to a Guy's student for the best essay on a subject nominated by the Medical and Dental School Council.

This year, Dr. D. G. H. Davies was the President and he installed Mr. Dafydd G. E. Roberts as his successor. Mr. Robert D. Owen said the Grace. Guest Speakers were Professor Keith Simpson and Mr. Allan Thompson. The Society's Chairman, Mr. Morwent Brown, presented the guests with Life Membership Certificates and the Society's Tie. A very warm welcome was given to Mr. Arthur Wallis, recently retired from the Medical-School Office and the uniqueness of the occasion was added to by the presence of the Ladies for the first time in its history. The Society depends on its continued existence on all its members and their loyal support, and this year was no exception, many founder members being present. New faces are ever welcome and it was heartening to see quite a sprinkling of recently qualified men and women from Guy's.

A correspondent writes :—

"Nowhere in the world does the cry 'Guy's'—with a glass of good vintage in the hand—arouse so instant a response as in Cardiff at the 'Park', and after the International. As if the art—and the music—of Welsh rugby football were not enough content for the day, some 70 or 80 old Guy's men have regularly met to put some fortunate old members of the Staff through the hoop of a good dinner, splendid conversation on old times, song and the physical tests of rising spirits. It is an occasion that is accorded to a fortunate few, and this year—the 25th anniversary—the accolades fell on Allan Thompson, Keith Simpson and that stalwart of some 44 years School Office service to hundreds of Guy's men and women, Arthur Wallis. Dafydd Roberts was in the Chair. Some preliminary information from Anthony Thomas, devoted Honorary Secretary, for several

years, was greeted with the usual good temper. 'All Members', he announces, 'have replied to my Notice of the Dinner except, of course, those who have passed away during the year'. 'What, no letters of apology?' cries a wag. 'And', says the Hon. Sec., unperturbed, 'You'll be glad to hear that "Charlie Farnes" is still with us'. 'Why?' shouts the wag. 'And this year', Thomas goes on with a wave of his hand in their direction, 'you will see that at last the ladies are with us'. Loud cheers, a few wolf whistles and growing volumes of a somewhat bowdlerised version of 'Guy's women never die, they only fade away'—in full Welsh unison shake the Park Hall walls.



From left to right: Mr. M. Brown, Dr. H. A. Thomas, Mr. J. Mansie, Mr. S. J. Richards, Mr. A. R. Thompson, Dr. D. Carnegie, Dr. D. G. H. Davies, Mr. A. Wallis, Professor K. Simpson, Mr. D. G. E. Roberts, Dr. H. Freeman.

The Toast is 'Guy's—THE HOSPITAL'—and who dare question it in that company? Keith Simpson gets up to reply for the place he has spent more than fifty years in—man and boy. In his dead-pan manner—'slab-side' as H. F. Ellis of *Punch* once described it—Simpson warms up on some jokes about the dead and a few forensic funnies to get his audience in the right mood for a reminiscent look at some of the Guy's figures of the last fifty years. If everyone might not remember old Nash, Doc Hancock or the 'unknown' man Baker, they would recollect the eccentricities of Gibbie, that disciplinarian T.B.J., or the delightful music of the Welshman T. J. Evans' voice: and running through the years, Simpson finally buoyed up hopes of Guy's future contributions by laudatory remarks on some of its current research—and the men who, once again, were making their mark on progress for 'THE SCHOOL'. Vignettes of one's old

teachers and their ways are always good fare, and no-one was left in any doubt of Guy's men's deep affection for the place and its people.

When Thompson's turn came he set the chaps rolling in the aisles with a story of the Bishop at a nudist colony who, a little unwilling to bare his soul, preferred to keep his gaiters on. Deliciously told, it brought the house down, and he then had them in hand for a more serious look at the welter of professors around the School whose deep knowledge of smaller issues might not be the best foundation for practice in the field. 'What's the use', he cried, 'of an artist who knows everything about the atomic structure of his synthetic paints, but not how to apply them?' Thomson's pleas dovetail well, and some 75 or 80 Guy's men (and three women) then ramble off happily to the Bar for more talk and reminiscence.

The South Wales Dinner is like a 'mini' Biennial, but it's an Annual and its blood is fed like the Welsh Dragon. A dim dawn light is showing as the last Guy's man tucks in. A great Guy's tradition by now."

STUDENTS AND THEIR MEMORIES

by Philip Razzell, Senior B.M.S. Student

Introduction

How do Guy's medical students view lectures and tutorials? What techniques do they use to prepare for examinations? Are female students more conscientious than their male counterparts? These are some of the questions to which answers were suggested by a recent study of 110 Second B.M.S. students now in the senior year, conducted by a group of their colleagues.

The study, one of a number involved with aspects of memory, was concerned with investigating how students coped with the learning involved on the new continuous assessment 2nd B.M.S. course. It was undertaken as part of the "Thinking on the feet" scheme, organised by the Physiology Department as a means of introducing more active involvement in their practical work.

The 2nd B.M.S. course replaced the "finals" of the old 2nd M.B. with a regime of examinations more evenly spread throughout the duration of the course. Preparation for examinations has thus become a fairly constant requirement, and often has to be undertaken simultaneously with unrelated current work topics toward the end of each term. We used questionnaires and short answer tests to discover the methods used by students to help assimilate the content of the course, to discover their attitudes toward aspects of the course, and to test their immediate and long term recall of information contained in a course lecture.

Revision methods

Between May and November last year there were occasional surprise interruptions to lectures in the medical school as papers were distributed for the next phase of the study. We began by asking students for the methods they used when revising for examinations, and it was no surprise to find that personal notes and concise textbooks were the principal aids used by almost all students. By contrast, only about one third of the students frequently discussed examination topics with colleagues as a means of revision and only 3% with the teaching staff. Revision emerges from the study as a largely solitary process and most students worked for periods of up to two hours without taking a break, sometimes more, but frequently less. Reading and underlining notes, studying, underlining and paraphrasing textbooks, self-testing and working through past exam papers were specific methods mentioned by students in response to an invitation to outline their personal revision procedures.

In response to a question about subjects which students found particularly difficult to commit to memory, three aspects of the curriculum were listed by many students. About 50% mentioned anatomy (particularly anatomical relations) and biochemistry (particularly formulae) as being difficult, and about 20% cited pharmacology (particularly drug names) as causing them problems.

Despite impressions to the contrary from pre-examination conversations in the Spit, three-quarters of senior B.M.S. students seem satisfied that their revision methods are reasonably effective in preparing for examinations and in almost every case personal notes play an important part in this process. Our questionnaires revealed that lectures were by far the most important source of these notes and were considered an important or very important source by all but two students. The next most important source, chosen by 57% of students, were textbooks and scientific papers.

Views on lectures and tutorials

Our questions about aspects of the course indicated that students may prefer lecturers whose talks include the essentials needed to pass the examinations, presented in a manner suited to the making of notes. The use of visual aids, for example slides or items of equipment, and occasional jokes and illustrative anecdotes were considered helpful. There was evidence that the use of duplicated handouts to replace personal notes, and lectures dealing with the background, origins and relevance of a subject (leaving students to make notes from other sources) were poorly regarded. This may be taken as being indicative of a narrow view of lectures on the part of students but it may be one which the concentrated nature of the 2nd B.M.S. course does much to encourage.

The main purpose of tutorials was seen as an opportunity to discuss current work problems with the staff, or, as one student put it, "a time to talk rather than be told". Two students pointed out that tutorial groups were much too large, a sentiment probably shared by others. The importance of the tutor to the helpfulness of a tutorial was emphasised by several.

The effectiveness of recall

Having revealed some of the stratagems adopted by students to tackle memory work, we wished to test the effectiveness of these methods by means of a "before and after" test. We arranged with Dr. J. Henderson, formerly of the Physiology Department, to run a short-answer test on the content of one of his endocrinology talks directly after he had given it and again some four months after the final exam in that topic. We discovered that immediately after the lecture, students scored an average of 73% in the test, and four months after the exam, (or five months after the initial test), they scored an average of 46%. This is a result that may amaze certain members of the staff, to judge from a small survey conducted on our behalf by our supervisor, Dr. John Weinman. He asked ten members of staff at random what they would estimate students to retain of a typical lecture (a) immediately after it was given and (b) some three months later. The results were (a) 35% SD ± 17%, (b) 17.7% SD ± 15%. In both cases students scored more than double the collective estimate of the staff.

Sex-differences in working methods

One of the more interesting findings of the study was that there exists some statistically significant differences between the sexes in working methods and attitudes to the course. Taken collectively, these differences could be interpreted as indicative of a more conscientious attitude on behalf of female students. A higher percentage said that they worked for moderate or long periods while revising, while the males favoured moderate or short periods of revision. Female students drew upon lectures, tutorials, textbooks and scientific papers as sources for note-taking. The men relied more heavily on lectures as the basis for their notes. Our findings suggest that after a typical lecture, proportionately more females than males will have found note-taking helpful, and conversely a larger proportion of men are likely to have found note-taking a distraction. In addition, females are more likely to reorganise their original notes after a lecture, and they tend to take more copious notes. There was some evidence that these exertions on the part of female students can pay dividends. While the result of our test immediately after the lecture showed females trailing by 1% (males 73%, females 72%), after five months they had taken the lead, in average score, by 8% (males 45%, females 53%).

Conclusions

We concluded from the evidence of our study that the present memory input methods used by students were, on the whole, effective in enabling them to assimilate and retain new information, at least over a period of months. The price of this success may be in coming to regard subjects as "exam tasks" and to reduce their study to the well tried lecture-notes-revision system. If the means of "course-survival" is demonstrably via the passing of examinations, only that which is likely to be tested may come to be regarded as important. This would certainly be an effective method of existing on the second B.M.S. course, but surely rather stultifying.

THE CLINICAL DENTAL COURSE AT GUY'S

The Results of the Survey of Students and Graduates in May, 1975

PART V

Conclusions

In assessing the implications of the results obtained from the questionnaire, two points must be borne in mind. Students can have no significant rôle in deciding what they should be taught or what practical experience they should be given. Indeed these are matters substantially outside the discretion of individual Departments and, often, the School itself. But the students' views on the quality of the teaching they receive and the time given to the various aspects of the course in relation to the practical work required of them are of importance and should be given due attention, if only as an indicator of the effectiveness of the School's performance.

In the last analysis, the School exists to train adequately qualified dentists as well as to advance dental knowledge. If it is to succeed in this and to organize it's teaching in such a way that the course can properly be regarded as a preparation for a degree, then it must have sufficient staff with enough interest in the development of their subjects to be actively engaged in some research. At the same time, patients must be treated if the students are to learn how to treat patients. But the primary commitment of the School must be to the student rather than to the patient. It is clear that there is a conflict between the "service requirement" of the Dental Department and the teaching needs of the Dental School.

In offering these results and the recommendations stemming from them, we recognize the constraints, particularly financial, within which the School must operate. These do not preclude, and should not be used as an argument for precluding, a critical examination and revision of our current priorities and practices.

Specific recommendations have already been made in relation to the lecture and practical courses. However, the survey has identified two main areas of general concern and two particular foci for general student discontent.

1. *The Staff-Student Ratio*

Dentistry is a practical profession and the course must necessarily have a large component of practical work in which the student "learns by doing". If too few staff are available to allow good

chairside teaching as well as essential supervision, then the student has little opportunity to learn from his mistakes and successes in relation to the treatment of the patient in the chair. At the same time, the clinical teacher sacrifices his teaching function to the demands of basic supervision. Both staff and students become frustrated. Long waits for in-treatment inspection and advice lead to patient frustration and a loss of longer term co-operation. The survey shows this problem to be acute in the Conservation Department, serious in the Prosthetics Department and conditions to be less than ideal in other Departments.

The Committee recommend :

(A) That the School immediately review its priorities for the next quinquennium.

(B) That the School monitor its changing requirements within the quinquennium. (The best method probably being the Institution of a small extra-Departmental but broadly based and powerful Staffing Committee comparable to that working in the Medical School.)

(C) That the School reiterate forcefully its need for an increased establishment, particularly in the Conservation Department, to the University and the U.G.C.

2. *The Scope and Organization of the Clinical Course*

Because Dentistry is an evolving field the training offered by the School should be such that it equips the average student to evaluate the changes and developments that will assuredly occur during the thirty or so years of his or her professional career. At the same time the School must be reasonably assured that the student has received an adequate grounding in the fundamentals of both the scientific and the practical aspects of Dentistry such that he can judge which problems and procedures are within his capabilities and which he should refer for advice or treatment. In view of these requirements and the explosion in dental knowledge in recent years—

The Committee recommend :

(D) That the School undertake a fundamental review of the objectives of the clinical course, of the curriculum required to meet those objectives and then, in the light of that assessment, consider the most appropriate timetable.

3. *The Time-Tabling of Lectures*

During the period required to implement Recommendation (D) much student disquiet could be eliminated by reorganising the lecture timetable to avoid the conflict between clinical sessions and academic teaching.

The Committee recommend :

(E) That the times of lectures be altered either to a specific time each day, such as 9.30 a.m., during which attendance in clinics was not

expected and patients could not be booked, or to a specific session each week during which the same conditions would apply.

4. *The Points System*

The current emphasis on the number of points obtained rather than on quality of the work done is clearly a cause for concern. Further the present system militates against the longer term completion of patient treatment.

The Committee recommends :

(F) That an extra Departmental Review of the Points System be undertaken with a view to both rewarding excellent work and emphasizing the completion of patient treatment.

Guy's has two popular reputations : first, it is supposedly "the hardest school to get into and the hardest to get thrown out of", secondly, it is alleged to have the most out-of-date course structure. Other Schools have, reputedly, learned that change for change's sake, does not always lead to progress. The implementation of the recommendations outlined above, if coupled with vicarious experience of other schools' mistakes, could ensure that in the near future, Guy's would, in substance, have the most progressive course of any British Dental School. At all events we might not provoke this, not untypical, reaction from our graduates :

"In retrospect, the 4½ years were filled with frustration and disillusionment when in point of fact they could have been fun. This was probably due to staff motivation, since they, with some very notable exceptions, were also frustrated, disillusioned and apathetic."

Acknowledgements

This report could not have been prepared without the sustained and concerted efforts of the Student Members of the Dental Society Management Committee, and in particular Messrs. N. Jones and R. Glazebrook. The Student Members not only initiated the survey but distributed and collected the questionnaire and then scored and collated the replies. Mr. N. Jones undertook the onerous tasks of drafting the questionnaire and collating the written-in comments and remarks.

We should like to thank Drs. Rosemary Dalton and David Armstrong for their advice and guidance. Mrs. E. Mills typed the original questionnaire, Mrs. P. Elson the *Gazette* Report and Mrs. D. Burrell the full Report. We are very grateful to all of them.

The not inconsiderable costs of the Survey have been borne by the Dental Society in the expectation that the acquisition of much quantitated information will not only identify the problems facing the School but also provide the evidence needed on which to base the necessary changes.

A limited number of copies of the full report, including all the figures, are available. These cannot, for reasons of cost, be widely distributed but can be seen in the Dental Library or by contacting the Officers of the Dental Society.

Reference : D. S. Anderson, D.J. "Student Admissions". **B.D.J.**, 1975, **39**(7), p.262.

NURSING

THE NURSE AND THE LAW

Despite the fact that nurses, like doctors, undertake work which potentially exposes them to a great many legal hazards, it is true to say that many members of the profession are singularly ignorant of both their responsibilities and their rights. This somewhat curious state of affairs exists as the result of a number of factors but, in view of the increasing importance of this aspect of a nursing career, it would appear to be a subject which is worth serious consideration.

Why is it that nurses apparently have little, if any, knowledge of the law, and what, if any, are the measures that should be taken to rectify the matter?

In the first place who should accept the culpability for permitting the situation to exist? It would seem that those who are responsible for the training of nurses must do so, for the tuition given to the average student could only be described as minimal. She is probably told that she must never witness the Will of a patient, and that she must never receive money from one. She is also informed of her responsibilities regarding the custody of drugs. Furthermore, in some Schools of Nursing, a subject with the somewhat mystical title of Professional Studies is included, which may or may not include tuition regarding legal matters. At the end of her training, the nurse may, if she is fortunate, attend a management course at which a lawyer has been asked to lecture, and thus be further enlightened. However, the likelihood is that she will be advised to join her professional organisation, in order to obtain protection against possible legal action. Often, however, she is uninformed as to the events which might provoke such action.

Secondly, it would be true to say that the extreme tolerance of the public who, in traditional British fashion, are reluctant to create a disturbance, has contributed to nurses being uninformed, since they are not, on the whole, required to obtain the knowledge. However, this tolerance has lessened in recent times as the general education of the population has improved.

Thirdly, of course, nurses are guilty of the "Ostrich syndrome". They do not wish to be made aware of facts which may prove to be unpleasant, and feel that blissful ignorance is preferable.

In these days of increased responsibility and heightened public awareness, this situation cannot be permitted to continue. The attitude that the medical profession will always provide a shield is no longer tenable. Nurses should be taught, from an early stage, that they have responsibilities, and also rights. With regard to this latter, many students were found to be lacking in knowledge, when dealing with the unions, during the upheavals of two years ago. Since, however, dealing with such unscrupulous individuals as exist within the unions, is now an everyday occurrence, adequate information is essential.

It is possible to envisage that the results of continued ignorance will prove to be unfortunate, and that improved education of all grades of nurses should be instituted promptly.

PHYSIOTHERAPY

After what seemed an endless process, Guy's now has its own mini hydrotherapy pool in the basement of Shepherd's House, and the first patients have already been "dunked". It need hardly be said that the process is still unended, for even after the passage of, literally years, some essential items remain to be fitted if the pool is to be run efficiently.

One of the problems that had to be overcome was the height of the edges of the pool, which is free-standing on the floor instead of being partly sunk, which would have raised the cost enormously. In order to allow physiotherapists to handle patients in the pool from the outside and to make it feasible for them to get in and out, wooden staging has been built round two sides, and a hoist is being fitted to lift patients up and over a third side. The actual size of the pool is small, so we thought at one time that we would have to advertise for a tall, thin physiotherapist to run it but in fact we ended up with one of the smallest physiotherapists in charge.

The money which enabled the initial construction to be undertaken came from the former Guy's Ladies Association, and we are extremely grateful to them, and through them to all the big-spenders at the fete-before-last, who also enabled us to construct and equip the kitchen and associated aids-to-daily-living assessment unit which is part of the therapeutic area on the Ground Floor of Shepherd's House.

The warmth and buoyancy of water, the relaxation and simply the fun of exercising in a deep pool make this a useful addition to the department's resources, and one which promises to be well used. Happily, we were able to declare it formally open before the departure of Hugh Burry, who had been the driving-force behind its construction, and who had the satisfaction of cutting a tape, uncorking a bottle and remaining too formidable a proposition to be ceremonially thrown in.

We lack space, of course. In Shepherd's House the problem is particularly acute, and we are unable to provide really suitable patient changing-accommodation, or the rest-room which should be available to them on emerging from the heated water, or even good drying facilities for swimming-costumes and towels. We had to accept these shortcomings, however, if we were ever to get the pool in action.

There has been a great deal of compression in our department. The staff had to give up their sitting-room for the pool, the U.V.L. room was given up for the Occupational Therapy area, the splint-room doubles up as the E.M.G. room, and Dr. Burry was right to make reference to the co-operation of the staff without which these expansions of service and contractions of space could not have occurred. One day, perhaps, we will have a new purpose-built department. Meanwhile we believe our new acquisition will enhance the service we provide.

BOOK REVIEWS

"The Faber Pocket Medical Dictionary", 2nd Edition, by P. A. Riley and P. J. Cunningham. Pp. 428. Price £1.00. Published by Faber and Faber.

This small dictionary generally provides succinct definitions of the commoner words in medicine and surgery only occasionally slipping into phrases such as "renal failure is basically the inability of the kidneys to do their job . . . extrarenal causes are such things as . . . ". The frequent diagrams are clearly drawn and well labelled. New students will welcome the guides to pronunciation of medical words.

There are several appendices giving normal haematological and biochemical values (including S.I. units), dietary requirements, details of first aid and treatment of commoner poisonings. The authors decided not to include drugs in the body of the dictionary but have drawn up a table of commoner drugs giving chemical and proprietary names with their clinical use(s). This is prefaced by a useful basic discussion of these drugs.

At £1.00 this book is a good buy when inflation seems to price most books out of students pockets. It will be more useful to students beginning their courses.

B. Mendes da Costa.

"Helping Troubled Children", by Professor M. Rutter. Pp. 376. Price £1. Published by Penguin.

This book, by Professor Rutter of the Maudsley Hospital is one of the paperback Penguin Education series. At £1.00 it represents excellent value.

First published in 1975 the book is right up to date, which is important since the central theme is basic Child Psychiatry: a speciality which is still in its early stages and rapidly developing. It is well written and easy to read, although the 376 pages are packed with information.

Professor Rutter describes an interactional model which considers the relationship between the child, his development, temperament, ability and handicaps on the one hand and the child's environment, family, school and peer group on the other. The way in which this interaction may result in a disturbance of emotions, behaviour or learning is shown in a clear and easily understood way, illustrated with interesting case studies. A final chapter deals with methods of treatment and notes not only the positive but also the negative effects of treatment.

Somehow Professor Rutter has managed to bring together the many different aspects of childhood psychiatric disorder and present them in a balanced and objective way; which has probably never been done before. A good example of his approach is the way in which he describes the contribution of Psychoanalysis to the understanding of childhood development and disorder. Many psychoanalytic concepts are now common knowledge and unconscious mechanisms can often be seen to occur, but as Professor Rutter points out: explaining and treating a child's problems only in psychoanalytic terms is limiting and even sometimes harmful to the child.

Thus a case is made for considering the child as a complex developing individual with many different facets. Any problem the child has must stem from the interaction and relationship between the child and his environment in all its aspects.

As an introduction to Child Psychiatry this book is superb and probably unrivalled. It contains everything medical students and nurses need to know for their training. However, anyone involved with children in any way and at any level should read "Helping Troubled Children".

J. B. Pearce.

CORRESPONDENCE

Book Review

SIR,—In connection with a book review in your issue dated 27th March, 1976, I think that an immediate correction is necessary, and particularly since such reviews (whatever their real value) usually reach the publishers and authors of textbooks. Michael Dixon, whom I know is a good student, should have known better than to assert that Dr. Mary Todd and Professor George Wyburn are Americans. A little thought and enquiry would have led him to the truth that the textbook "Concise Anatomy" was the "brainchild" of Professor Wyburn in response to the unwise (as many think) mutilation of the anatomy course in the University of Glasgow. Perhaps Michael Dixon and others will feel gratified to learn that one can invert this statement and point out that here at least we are far ahead of the Americans in producing "potted" anatomy, although this is not really an achievement to brag about.

Yours faithfully,

ROGER WARWICK.

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

Rugby Club Annual Ball

SIR,—I would like to draw your readers' attention to the forthcoming Rugby Club Annual Ball, to be held on Thursday, 13th May, at the Selsdon Park Hotel, Sanderstead, South Croydon.

The Ball is timed to coincide with the 250th anniversary celebrations and an enjoyable night is guaranteed with dancing to a live band and a disco and light show following the meal. Draught beer will be available! A Tombola, with prizes for almost everyone, will also take place.

Tickets, £9.60 for a double, are available from Richard Moore or Howard Longton, East Wing. I look forward to having the pleasure of your readers' company there.

Yours faithfully,

RICHARD MOORE.

E. Wing, Guy's Hospital,
London, S.E.1.

Hunt's House

SIR,—During a severe storm over one weekend in January the weather vane on top of the Hunt's House tower was blown off and severely damaged a car parked in Great Maze Pond. It was therefore decided to carry out as a matter of urgency a detailed structural examination of the tower.

As a result of the Structural Engineer's report, it would seem that the iron lattice work on top of the tower is in a dangerous condition and extensive work would be necessary to render it safe. It is with great reluctance therefore that the District Management Team have decided that in the interests of safety this iron work must be totally dismantled. The ornamental stonework balustrade was also found to be in a dangerous condition and will similarly be removed. Other defects of a less extensive nature were noted and remedial work is being put in hand as quickly as possible.

Yours faithfully,

J. H. CARRUTHERS,
District Administrator.

Counting House,
Guy's Hospital, London, S.E.1.

Voluntary Services

SIR,—As a tribute to the splendid work of Mrs. McGlone, our Co-ordinator of Voluntary Services, she has been appointed Chairman of The National Association of Leagues of Hospital Friends.

I am sure that, through your columns, all of us connected with Guy's would wish to congratulate her on this signal honour and to offer her our best wishes for a happy and successful year of office.

Yours faithfully,

LYDIA FRANKS.
Vice-Chairman, Services Branch,
Friends of Guy's.

9 Fairacres, Roehampton Lane,
Roehampton, S.W.15.

1955 Reunion

SIR,—Bob Knight, Mike Vickers and myself are arranging a reunion to celebrate the coming of age of our year, qualified in 1955. We plan to hold a dinner with wives or husbands at the Robens Suite, Tower Block, on Saturday, 18th September, 1976.

We trust we have written to the whole group but it is possible that we have left out some of our contemporaries. May I ask anyone who is interested in joining us to contact me.

Yours faithfully,

TONY MOWBREY.

16 Linden Gardens,
Tunbridge Wells, Kent.

Panel of Translators

SIR,—The Wills library maintains a list of persons in the Hospital and in the Medical and Dental Schools, who are willing to act as interpreters for patients or to undertake short, informal translations of papers. If any of your readers would be willing to help in this way I should be grateful if they would send me details.

Yours faithfully,

J. M. FARMER.
Wills Librarian.

The Wills Library,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

SPORT

RUGBY

Kidney Vipers

"Pass you selfish * * * *?*!" So ended the final try of the last victory of the Vipers team. This embryonic rugby team began the season late (November), and made their mark immediately in the form of a 56—0 defeat by London Scottish 9th XV. Spirits were undampened and the Vipers continued in this vein, shedding many a tear into a post-match pint pot, until the fifth game of the season when a hard-fought victory heralded a new era.

Disregarding outdated concepts, e.g. wearing kit of the same colour, the psychedelic Vipers struck terror into all opposition. Novel styles of play, for instance the pass to the referee (whose jersey always resembled that of at least one member of the team) were employed to confuse the enemy. Most universally feared of these innovations was the "McCoy Pass", guaranteed to put all participants into Hospital.

Notable performances included the defeat of Deptford Dukes 1st XV, which was mentioned in the "South London Mercury", when the Vipers were described as the fitter team!!

To summarise : we played a casual style of rugby at a pace that can only be described as pleasant, on-and-off most of the winter. Amongst many stars in the side were : J. (the Mole) Bridger; M. Buckle; R. Brocklehurst (top scorer); D. Evans; D. Milwood; J. Clarke; C. Cole; L. Jarvis; C. (Dogend) Penfold; B. (the Boot) Price; C. Kingswood; C. Jackson; D. Denning; R. Davis; S. Turley; G. Palmer; R. Hughes; G. Senior; M. Boote; K. Foote; and L. Pritchett.

R.H.

CURIOUS PROBLEMS
No. 5

Here are a few more Mensa teasers :

Below are three series of numbers. Find the next number in each series.

(a) 3 4 6 9 14 22 ?

(b) 1 9 2 8 3 ?

(c) 4 2 6 4 8 6 ?

[*There are at least two possible solutions to (c)*]

Answers to Curious Problems No. 4

1

2	3	1
4	9	5
3	6	3

2

4	5	3
7	9	5
10	13	7

3

1	2	4
3	5	9
7	11	19

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

M.S. 1975

Mr. Roger Parker, F.R.C.S.

HOUSE APPOINTMENTS

GUY'S HOSPITAL MEDICAL SCHOOL

Junior Staff Appointments—1976/77

Applications are invited for the following appointments to the Junior Staff of the Medical School, for the session 1976/77, commencing 1st October 1976. Forms of application are obtainable from, and should be returned to the Dean, **not later than 10th May, 1976 :**

Anatomy Junior Lecturer (part-time)
Student Health Assistant to the Director (joint appointment) 1
Junior Lecturer in Medicine 1

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS

From 1st April 1976—30th September 1976

Medical Registrars

Dr. G. M. Cochrane (Guy's)
(SR) Dr. W. J. Grabau (Guy's)
Dr. P. E. T. Isaacs (Lewisham)
Dr. D. A. Jones (Guy's)
(SR) Dr. J. D. Powell-Jackson (Leaving 31st May 1976)
Dr. J. A. Vale (St. Olave's)
(SR) Dr. W. Seymour (Brook/Guy's)
Dr. V. H. C. Bramwell (St. Olave's)
Dr. D. W. Pitcher (New Cross)
Vacant (Greenwich District Hospital)

Junior Medical Registrars

Dr. T. P. Cutler (Junior Lecturer)
Dr. J. G. Prior
Dr. D. J. Scott
Dr. W. A. C. McAllister
Dr. H. R. Guly
Dr. A. M. Weindling
Dr. S. J. Brown
Dr. E. J. Watts
Dr. S. L. Grainger

Registrar to the Renal Unit

(SR) Dr. C. B. Brown

Registrar to Intensive Care and Clinical Toxicology

Dr. P. Crome

Registrar in Endocrinology and Nuclear Medicine

Dr. J. Bingham

Senior Registrar in Nuclear Medicine

(SR) Dr. A. J. Hilson

Surgical Registrars

Major C. MacFarlane
Mr. J. G. Payne
(SR) Mr. R. E. C. Collins (Leaving 19th April 1976)
Mr. J. A. Lyttle
Mr. O. W. Davison (St. Olave's)
Mr. A. R. Mundy (G.U. St. Olave's)
Mr. W. J. Owen (Farnborough)
(SR) Mr. T. A. Harrison (Greenwich
Mr. N. Mittra (Locum) (Greenwich)
Mr. G. C. Davies (Lewisham)
Mr. J. L. Lewis (Pembury)
(SR) Mr. H. G. Sturzaker (Lecturer)
Mr. T. Bates (Lecturer)
Mr. A. R. Oureshi (Lecturer Breast Clinic—New Cross)
Mr. J. Lotz (Lecturer Gt. Ormond Street)
Mr. N. P. W. Coe (Sabbatical)
Mr. P. C. Smith (Sabbatical)

Junior Surgical Registrars

Mr. E. G. Latimer-Sayer
Dr. W. S. El-Masri (Maudsley)
Dr. R. A. Yoozooph (Breast Unit—New Cross)
Vacant

Registrars in the E.N.T. Department

(SR) Mr. K. Pearman (Guy's)
(SR) Mr. P. B. Ashcroft (Lewisham)
Mr. A. N. Johns
Vacant

Obstetric Registrars

(SR) Mr. J. B. Moir-Shepherd (Guy's)
(SR) Mr. N. G. J. Pipe (Farnborough)
Mr. F. Abdel Sattar

Registrars in Rheumatology

(SR) Dr. B. J. Sweetman
(SR) Dr. J. D. Macfarlane (Brighton and Lewes Hospitals)
(SR) Dr. A. J. L. Harkness (to 30th April, 1976)
(SR) Dr. P. Gow
Dr. A. S. Reeback
Dr. A. J. Griffin

Registrars in Cardiology

(SR) Dr. M. R. Crouchman
Dr. M. P. Greenberg

Registrar in Chemical Pathology

(SR) Dr. R. J. Von Witt

Registrars in Clinical Pathology

Dr. J. Dove
Vacant
Dr. K. Malachi
Vacant
(SR) Vacant (Microbiology)

Junior Registrars in Clinical Pathology

Dr. G. Wilkinson
Dr. K. Mehanna
Dr. R. L. J. Deacon
Dr. P. B. S. Silcocks

Registrar in Haematology

(SR) Dr. H. J. H. Williams

Registrars in Psychological Medicine

(SR) Dr. D. MacDiarmid (Guy's)
(SR) Dr. V. T. Baraniecka (Guy's)
(SR) Dr. J. M. Annear (Guy's)
(SR) Dr. B. R. Nakra (Bexley)
(SR) Dr. J. M. Hirons (Bexley)
(SR) Dr. M. H. Salassa (Maudsley)
Dr. S. L. Davenport
Dr. J. Strang
Dr. T. Kidger
Dr. P. Taylor
Dr. R. C. S. Furlong

Junior Registrars in Psychological Medicine

Dr. M. J. D. Hobbs
Dr. M. Sharman
Dr. P. K. Gillman
Dr. H. M. D. Gurling
Dr. G. M. G. McClure

Registrars in Child Psychiatry

(SR) Dr. E. S. Morgan
Dr. G. A. Redding
Dr. T. Barnes

Orthopaedic Registrars

(SR) Mr. J. P. Beavis (Lewisham)
(SR) Mr. M. I. B. Besser (Hastings)
(SR) Mr. J. D'Arcy
Mr. J. D. Spencer
Mr. G. N. Boobbyer

Orthopaedic & Casualty Registrar

Mr. S. C. Sood

Registrar in Urology

(SR) Mr. J. C. Crisp

Registrars in Dermatology

Dr. R. D. R. Jones
Dr. J. L. M. Hawk

Registrars in Diagnostic Radiology

(SR) Dr. N. R. V. Edmonds
(SR) Dr. T. F. El-Sayed
(SR) Dr. L. Rockall
(SR) Dr. R. B. Sakya
(SR) Dr. C. G. Penney (Greenwich)
Dr. G. W. Allibone
Dr. M. R. Salari
Dr. N. L. Bishop (to 2nd April 1976)
Dr. M. O. Parr
Dr. O. C. Wethered
Dr. D. F. Shelley
Dr. S. J. Golding

Registrars in Radiotherapy

(SR) Dr. D. Tong
Dr. V. M. Sharan

Registrars in Neurology

(SR) Dr. M. D. O'Brien
Dr. R. E. Clifford-Jones

Registrars in Ophthalmology

Mr. T. Arulampalaum
(SR) Mr. R. Harfitt
Mr. G. W. T. Smith

Junior Registrar in Ophthalmology

Dr. Z. Islam

Paediatric Registrars

(SR) Dr. H. Bluett
(SR) Dr. S. J. Nicholls
Dr. K. M. C. Barclay (Brighton & Lewes Hospitals)

Registrars in Thoracic Surgery

Mr. J. E. Dussek
(SR) Mr. J. B. O'Meara (St. Thomas's Hospital)
(SR) Mr. J. R. W. Keates (Guy's
(SR) Mr. J. Farnsworth (Brook)
(SR) Mr. K. Nair (Guy's)

Registrars in Anaesthetics

(SR) Dr. J. G. Davies
(SR) Dr. J. A. Pook (U.S.A.)
(SR) Dr. J. R. Wedley (Guy's to 30.4.76) (Resigned vacant post)
(SR) Dr. C. S. L. Scott (Greenwich to 30.4.76 then to Guy's)
(SR) Dr. M. W. Geadah (Guy's to 30.4.76 then to Greenwich)
(SR) Dr. A. M. Rollin (Guy's)
(SR) Dr. W. A. Pais (Brighton)
(SR) Dr. P. J. Read (Lewisham)
(SR) Dr. R. M. Doshi (Guy's)
(SR) Dr. J. B. Hester (Hastings to 30th June 1976)
(SR) Dr. R. Dunnill (Guy's)
(SR) Vacant (Canterbury)
Dr. M. A. Weller (Acting up Vice Dr. Pook)
Dr. G. J. Baldock
Dr. E. D. Spark
Dr. G. J. Ismail
Dr. M. L. Nancekievill
Dr. P. J. E. Smythe
Dr. T. J. Wilson (Brighton)
Vacant
Dr. A. M. Torrance (Locum Vice Dr. Weller Acting up)
Dr. D. S. Gooneratne (East Grinstead)

Registrars in Geriatric Medicine

(SR) Dr. J. Chakraborti (Brighton & Lewes Hospitals)
(SR) Dr. A. J. Campbell (St. Helen's Hospital, Hastings)
(SR) Dr. T. Habib (New Cross Hospital)
(SR) Dr. T. K. Ray (New Cross Hospital)

Registrars in Genito Urinary Medicine

(SR) Dr. K. L. Amasuriya
Dr. J. J. Rohatiner (G.P.)

Registrars in Orthodontics & Children's Dentistry

Miss M. Brown
Mr. R. A. Quealy
Mr. J. C. Bennett
Mr. D. J. Ramsay (leaving 31st May, 1976)
Mr. R. M. Mordecai
Mr. R. T. Reed
Mr. D. Orme-Smith

Registrars in Clinical Dental Surgery

Vacant (Vice Mr. Knox)
Mr. P. Cove (leaving 30th June, 1976)
Mr. M. C. Mace (Queen Victoria Hospital, E. Grinstead)

Registrars in Oral Surgery and Dental Casualty

Mr. H. S. Coonar
Mr. W. R. H. Reid
Mr. T. M. Hudson
Mr. A. F. Markus
Mr. J. W. Ferguson
Mr. P. B. Bathard-Smith
Mr. A. N. McLeod

Registrars in Periodontology & Preventive Dentistry

Mr. D. N. Gouk
Mr. A. S. Averill
Mr. P. J. Kerr
Mr. G. W. Butcher

Registrars in Dental Prosthetics

Mr. M. Malleson
Mr. D. W. Martin
Mr. R. E. W. Pearce
Mr. P. A. Swift
Miss M. M. Sawiris
Miss H. M. Thomas
Mr. P. B. Swiss

Registrars in Conservative Dental Surgery

Mr. A. Watts
Mr. T. R. Pitt Ford
Mr. G. Morris
Mr. C. J. P. Dewe Mathews
Mr. R. A. Ellis
Mr. M. D. Gross
Mr. M. Malleson
Mrs. F. M. Patterson
Mr. A. A. Macdonald
Mr. M. L. Maberley
Mr. M. L. Schaller
Mr. D. Thompson
Mr. G. W. Butcher

Registrar in Dental Radiology

Mr. B. W. Beeching

PAPERS BY GUY'S MEN

Adinolfi, M. (1976). Inhibition of mitosis of maternal lymphocytes by fetal cells. **Lancet, I,** 7950, 97 (letter).

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Fensom, A. H., Benson, P. F. and Blunt, S. (1975). Prenatal diagnosis of galactosaemia: unreliability of optical assays. **Prenatal diagnosis newsletter, IV,** 2, 10. (letter).

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Hendry, W. F., Polani, P. E., Pugh, R. C. B., Sommerville, I. F. and Wallace, D. M. (1976). 200 infertile males: correlation of chromosome, histological endocrine and clinical studies. **Brit. J. Urol., 47,** 7, 899-908.

Kemali, D., Polani, N., Polani, P. E. and Amati, A. (1976). A dermatoglyphic study of 219 italian schizophrenic males. **Clin. Genet., 9,** 1, 51-60.

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Polani, P. E. (1976). Causative factors in Down's syndrome. **Physiotherapy, 62,** 1, 2-6.

ENGAGEMENT

Dr. Gregory Earnshaw to Patricia Anne White, S.R.N.

DEATH

GRICE—On 30th March, suddenly, at home, Alan Richard Grice, B.D.S., L.D.S., R.C.S., of "Brompton", Cranedown, Lewes, Sussex, aged 46, darling husband of Patricia, M.B.B.S., and father of Diana and Julia.

BIRTHS

COOK—Born on 16th February, 1976, Geoffrey John Alec, a brother to Andrea, Shona and Tanya.

CRAWSHAW—To Andrew and Mary Crawshaw on 27th March, 1976, at Treliske Hospital, Truro, a third son, John Simon, brother for Ian and Paul.

CHANGES OF ADDRESS

Mr. and Mrs. W. G. Cross, 2 Grafton Close, Christchurch, Dorset. Tel. Christchurch 4297. Practice: W. G. Cross, M.B., M.S., B.D.S., Charminster House, 65 Wellington Road, Bournemouth. Tel. Bournemouth 292669.

Dr. and Mrs. Dennis Deuchar, 37 Ranelagh House, Elystan Place, Chelsea, S.W.3.

PERSONAL

EXPERIENCED Guy's man wanted to join partner in established all-private Dental Practice in Sussex. Unusual opportunity occurs due to death of partner. Tel. Haywards Heath 2103.

GUY'S Hospital Reports 1838—1842, vols. 7 to 15 except vol. 9, original covers. Vols. 29 to 106 bound except vols. 32, 34 and 37. Vols. 107 to 110 (part 2 missing) unbound. What offers? Box No. 14/76.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before the publication date. Publication dates for the next three months are: 29th May, 26th June and 31st July, 1976.

Copy may be sent to us at 16, St. Thomas' Street, S.E.1.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (pre-paid, minimum £2.00).

Non-subscribers are charged £2.00 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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ASSISTANT EDITOR — M. G. BOURNE
NEWS EDITOR — S. A. AMIEL
SPORTS CORRESPONDENT — W. SCOTT-SMITH
NURSING CORRESPONDENT — Miss P. M. JEFFERIES
PHYSIOTHERAPY CORRESPONDENT — R. J. COOPER
RADIOGRAPHY CORRESPONDENT — Mrs. H. MATTHEWS
MANAGER — L. PAYNE

MONTHLY | 29 MAY 1976 | VOLUME 90 | NUMBER 2258

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

250th ANNIVERSARY CELEBRATIONS

It is now just three weeks since H.M. The Queen arrived at Guy's to open Guy's Tower on the 250th anniversary of the admission of the first patient to the Hospital. It was an absolutely marvellous event, staged with style, and performed with remarkable smoothness. Thousands of people from Guy's and the Borough crowded the Colonnade, hung from every window, and the route to Guy's Tower was lined by cheering crowds and children waving Union Jacks in the bright sunshine. Patients were moved from their beds so that they could watch the procession and workmen put down their tools and brushes and watched from the scaffolding. Of course such occasions are to be expected wherever The Queen goes and indeed we have all seen similar affairs on TV and in the Press; but who present on Thursday, 6th May, could not feel the infectious excitement and experience the childhood thrill when Her Majesty came to Guy's? The organizing Committee had made careful preparations for the Queen's visit and naturally had had a "dress rehearsal" beforehand. The timing of the tour of Guy's Tower had to be perfect and it was, therefore, somewhat amusing to hear the serialized, tense announcements from an anxious organizer while the lucky people invited to the unveiling ceremony took their seats in the foyer of the Tower. "The Queen is still on Floor 17 and is five minutes ahead of schedule. We're trying to slow her down so that the remainder of the chairs can be arranged".

It was a pity that The Queen's 90-minute visit could not have been closely experienced by more Guy's people. Unfortunately Her Majesty could not meet everyone and it is regrettable that the long list of people who were honoured in being introduced, could not have been extended. The event was basically a Hospital occasion but the Medical, Dental and Nursing Schools also featured; quite justifiably. Guy's Hospital could not enjoy its reputation without the constituent schools. It was good to see so many former Guy's nurses enjoying themselves and reminiscing with their contemporaries at the Nurses' League Annual General Meeting and Tea. These are essential Guy's traditions. The Reception and Cocktail Party on Thursday evening in the anniversary marquee was superbly well attended and provided an opportunity for present and former Hospital staff and students to get together.

On Friday, 7th May, a Scientific Meeting was held in the Greenwood Theatre but the attendances were disappointing. There were also a few unoccupied seats during Lord Brock's splendid oration in the evening and he certainly deserved the long standing ovation. A full day's programme had been arranged and in the afternoon a packed Physiology Lecture Theatre paid tribute to Dr. David Stafford-Clark who had been invited to return from Cyprus to give the Sarah Stolz lecture. He spoke in his inimitable manner on "The Perennial Imposters". Friday evening saw the climax of the celebrations. Over 700 Guy's graduates attended the Biennial Dinner in the marquee. It was widely acknowledged to be the best for some time and this was probably due to the large attendance (which might be accounted for by the home-based venue and the special occasion) and the stunning speech by the Chairman, Professor Sir Hedley Atkins. Compared with these factors and the atmosphere throughout the Dinner and afterwards in the Residents' Bar, the meal itself was merely satisfactory, but who travels hunderds of miles (Professor S. Muntarbhorn came from Bangkok) just for the meal? As Sir Hedley wrote in his letter in this edition, credit for the success of the Dinner must go largely to Mr. Noel Glover and Beryl Hilliard.

The Historical Exhibition illustrating the development and achievements of Guy's Hospital over the past 250 years was staged in the East Wing and deserves special mention. It was undoubtedly one of the highlights of the week-end and one can only be dismayed that it was inadequately advertised as a public exhibition and therefore attracted only a fraction of the visitors it deserved. Perhaps it should have remained on view longer (either at Guy's or elsewhere) in order that even more people could have enjoyed it and others could have seen it again at their leisure. The Scientific Exhibition was also impressive and presented work performed in both School and clinical departments. Much credit for these displays must go to the staffs of the Medical Illustrations department and The Wills Library.

As we have previously announced, these events will be fully covered in the special commemorative edition of the *Gazette* to be published shortly and our intention here is to recall the main points. We can make some conclusions about the celebrations. Firstly, they

were very well organized and Dr. Philip Helliwell deserves our gratitude for all his work. He retired from the post of Clinical Superintendent intending to prepare his garden for Spring, only to find himself organizing a mammoth event with all its inherent political and personality problems which make it impossible to please everyone. But nobody could have done a better and more professional job and this needs remembering. Secondly, some senior Guy's men who regret the dissolution of the Board of Governors and the arrival of the re-organized Health Service with its direct consequences on the running of the Hospital must realize that Guy's has a great deal to be thankful for. The transition has really been comparatively painless and although not all the changes are to be welcomed, we cannot expect one of the world's leading teaching institutions for medicine and dentistry to stand unchanged in a rapidly changing world. A revised medical curriculum has recently been instituted and is already undergoing remodelling, whilst reforms in dental education are constantly introduced. It is imperative that the new partnership succeeds and that any prejudice and suspicion on either side should give way to mutual respect and understanding. Without this we cannot hope to continue to produce the traditionally great qualities in Guy's students which enable them to serve the people for whom the Hospital was built.

We should like to record our thanks to all who made the Anniversary Celebrations so memorably enjoyable. The events reported here do not just reflect 250 years of the Hospital; they herald a new and important chapter in the history of Mr. Guy's Hospital.

Assistant Editor—New Appointment

I should like to take this opportunity of warmly congratulating my good friend Michael Bourne, B.Sc., on his appointment as Assistant Editor of the *Gazette*. He has many talents—his incredible . . . er . . . um, and his enormous capacity for . . . er . . . lots of things, his unerring command of . . . um . . . — in short too many talents to mention here. I wish him luck in this new appointment and hope that he will be able to do whatever he does so well for some time to come.—*Magnus Bore.*

NEWS IN BRIEF

Mr. Guy Blackburn

We offer our warmest congratulations to Mr. Guy Blackburn, M.B.E., M.Chir., F.R.C.S., on his recent election to the Presidency of the Association of Surgeons of Great Britain and Ireland.

250th Anniversary

The most important event in the month of May for Guy's has undoubtedly been the celebration of the 250th Anniversary of the Hospital. Guy's was looking its best, during a week of exceptionally fine weather, which was all that was needed to crown the success of the carefully organised fête.

The celebrations centred round the opening of the Guy's Tower by H.M. The Queen on Thursday, 6th May, but had in fact started before that with the opening of the two displays in the East Wing at the beginning of the week. The Historical Exhibition in the Upper Spit was beautifully laid out round an architect's model of Guy's, and was a fascinating collection of Guy's history. A scientific demonstration in the Ballroom was also interesting. Advantage was taken too of the newly opened Tower, with conducted tours and Dental Demonstrations arranged. The Greenwood Theatre was also used, for the Nurses' League A.G.M. on the Thursday, and a Scientific Programme of talks covering a wide range of subjects on the Friday. The Oration, given by The Lord Brock, was also held there, and was of great interest to all. Dr. David Stafford-Clark's Sarah Stolz Lecture was also included in Friday's programme.

The huge marquee set up in the shadow of the Tower was also put to good use; the Nurses' League held a tea-party there and a celebratory cocktail party and the biennial dinner were held there on successive nights.

The week concluded with a Students' Sports Day at Honor Oak Park, organised by Pete Watkinson and Mike Selley.

A brief account such as this cannot, and does not try to do justice either to the brilliance of the occasion or to the hard work that lay behind the deceptively easy running of the anniversary week —for which many congratulations are due to all involved, including Dr. P. Helliwell and Mr. J. Chapple. All the details of the events of the week will be be included in the special commemorative edition of the *Gazette* to be published soon.

Dr. Christopher Hardwick

We apologise sincerely for our delay in announcing the retirement of Dr. Christopher Hardwick, M.D., F.R.C.P., from his appointment as Consultant Physician, which occurred in January of this year. Dr. Hardwick was first appointed to the Guy's Staff in 1946, becoming a full Physician in June, 1959. He is maintaining his connection with the Hospital by his appointment as honorary Emeritus Consultant. We wish him a long and happy retirement.

Hancock Prize

Congratulations to Mr. James Dennison, who has been awarded the Hancock Prize for achieving the highest marks in the Conjoint Surgery Examination earlier this year.

Second Presentation

On Wednesday, 12th May, Guy's graduates were amongst those presented to H.M. Queen Elizabeth, the Queen Mother, Chancellor of the University of London. The ceremony, the second presentation of 1975's graduates this year and held at the Royal Albert Hall, included B.Sc., B.D.S. and M.B., B.S. graduates from the Hospital.

B.Sc. Dinner

Following an enthusiastic response to a questionnaire distributed some weeks ago, it is proposed to hold a reunion buffet-dinner for all Guy's B.Sc. graduates past and present. Although the exact date has not been decided the dinner will be held in the first week of October, 1976, in the Robens Suite of the Tower Block. If anyone who has studied or is studying for a B.Sc. degree at Guy's and has not yet received or replied to the questionnaire, Professor Warwick of the Anatomy Department would be pleased to hear from them. Any further enquiries will be welcomed by him or by the *Gazette* Editor, Mr. Clive Handler.

Quodlibet Society

Next meeting : On Tuesday, 22nd June, Mr. Bob Mellish, our local M.P. and former Government Chief Whip, will be giving a presentation on "Parliament" and inviting your questions. The meeting will be held at 5.45 p.m. in the Guy's Tower Lecture Theatre (floor 30). The planned presentation by the Royal Navy has been deferred until early next term.

Commemorative Issue of the "Gazette"

A special issue of the *Gazette* to commemorate the 250th Anniversary of the opening of Mr. Guy's Hospital is at present being prepared. The publication date has not yet been finally decided, but when it is published it is hoped that it will be possible to give a free copy to all our subscribers.

Fire in Wolfson House

Mr. Watkinson (*Gazette*, 31st January, p. 4) should have been well satisfied with the pyjama-clad evacuation of Wolfson House at 06.15 on the morning of 20th May. The alarms rang because of a fire in a room on the seventh floor. The building was emptied quickly and without panic and the S.E. London Fire Brigade soon had everything under control. A reassuring response after the very poor reaction to the fire practice held earlier in the week, although it is disquieting to note that the alarm bells themselves seemed rather hesitant and unconvinced at first—incidentally, we trust a certain member of the top floor enjoyed his shower that morning.

NOTICE

GROUP VIOLENCE — ORIGINS AND CONTROLS

A week-end conference organised by the

MEDICAL ASSOCIATION FOR THE PREVENTION OF WAR

Churchill College, Cambridge

Friday 16th to Sunday 18th July 1976

Speakers include :

Dr. Martin Bax (Coram Research Institute)
Caroline Cox (North London Polytechnic)
Prof. Dr. Groen (Physician and Psychiatrist, Leyden)
Kevin Howells (Psychologist, Broadmoor Hospital)
Prof. Dr. Meerloo (Psychiatrist, Amsterdam)
Dr. David Shaffer (Psychiatrist, Maudsley Hospital)
Dr. Dorothy Speed (Prison Medical Department)
Martin Wright (Howard League for Penal Reform)

The M.A.P.W. is a non-political organization which seeks to promote the objective study of war and violence from the standpoint of the medical profession and biological sciences.

Charges : £18—total for the whole conference including registration fee of £1, meals and accommodation. Details of costs for part time residents and non-residential participants from the Conference Secretary, Dr. Kate MacSorley, 238 Camden Road, London NW1 9HE (Tel. 01-485 1482).

CLUBS' UNION NEWS

With the week of anniversary celebrations behind us and with still more nostalgia yet to come in the commemorative issue of the *Gazette*, I felt it would be a good time to remind everyone of the present services provided by the Union and the facilities available to members of the Union.

The entertainments side, co-ordinated by Francis Hughes and the entertainments committee, is probably the most active part of the Union. Weekly Saturday Hops and fortnightly mid-week Inflams both make use of the disco and the bar. The Hops are probably still among the most successful regular student events in London despite the change from the more expensive live music. Occasional events, such as the forthcoming Summer Ball, also enjoy good support from the "right sort" of person, though there is a rumour that I may lower the tone of this one!

The sporting clubs (like their less athletic counterparts) are autonomous but are financed (at least in part) by the Union and are open to ALL Union members. The sporting facilities available at Guy's provide for swimming, squash, tennis and, for the less energetic the ever popular snooker room. Only 15 minutes away Honor Oak Park offers more opportunities for tennis, running, kicking, batting and bowling and the Boat Club and Sailing Club offer facilities for those whose taste for aquatic sport does not end with swimming. The Gala Sports Day held at the end of the week of celebrations demonstrated the ability of the various sports clubs to work with the entertainments committee and attracted about 800 people.

The miscellaneous facilities of the Union include the East Wing rooms (some of which may be booked for meetings through the Medical School and others of which are for reading or watching TV) and the duplicating machine which may be used by arrangement with myself or another Union officer. We are of course also exclusive vendors of Guy's sweat shirts and we now have a new stock (price £3.80) in the Union office in the East Wing basement. If the office is closed contact us via the message board in the East Wing entrance.

As a student who discovered the bar during his first year, the snooker room in his second, the duplicator in his third and H.O.P. in his fourth I say discover the Union now . . . the effect is shattering. The Union Council relies on each of you to pass on to it your ideas or complaints and over the next year or two will require some of those who have yet to show much interest to take an active part in the work of the Council. If you are in the least bit interested don't wait until election time, get in touch with us now and find out how things work.

Dave Markwell,

Vice-President, Guy's Hospital Clubs' Union.

THOMAS HODGKIN
1798 - 1866

by Rodger G. C. Martin

Thomas Hodgkin's early life is not well recorded but we know that he was born in Pentonville, N. London, into a family of Quakers, and that he remained a firm supporter of the Friends all his life, wearing the strict black clothes of that sect which can be seen in the portrait of him in the Gordon Museum. Hodgkin studied abroad where he became fluent in French, German and Italian and after a period of study at Guy's he graduated as a doctor of medicine from Edinburgh in 1823. He had attended lectures by the great French physician Laennec, who invented the stethoscope, and immediately on his return to England Hodgkin wrote a paper for the Physical Society of Guy's concerning the use of the stethoscope and it is generally accepted that the introduction of the stethoscope to Guy's (and therefore into much of England) was due to Hodgkin's paper in 1822. In 1785 he became a licentiate of the Royal College of Physicians.

In 1825, on the foundation of the Medical School at Guy's, Hodgkin was appointed Lecturer in Morbid Anatomy and the Curator of the Museum by Benjamin Harrison, the Treasurer of the Hospital. Four years later he published the first catalogue of the Museum which contained the details of nearly 1,700 different specimens; in the catalogue Hodgkin did not just list the specimens but he tried to arrange them so as to demonstrate the effects of certain diseases on the different organs. In his 12 years as a Morbid Anatomist at Guy's he is best known for his work on the condition which he was the first to recognise and describe and to which Wilks in 1865 gave the name Hodgkin's disease. In his paper published in *Medico-Chirugical Transactions* (1832) he describes six cases of enlargement of the absorbent glands in which there appeared to be no inflammation and he noted that in five of these cases there was disease of the spleen. Hodgkin himself did not follow up this association between enlarged lymph glands and the spleen and published nothing further on it. He was the first to write a proper account, both clinical and pathological, of the post mortem appearances of aortic regurgitation and in 1836 he described the different pathological processes which can affect the appendix.

In 1837 a vacancy for an Assistant Physician occurred with the promotion of Thomas Addison to a full Physician. There were two contenders, Hodgkin and Benjamin Guy Babington. Each candidate had many supporters and in the end Babington was appointed and Hodgkin left Guy's. Hodgkin's failure to be appointed was the cause of great controversy and speculation. The supporters of Hodgkin claimed that the appointment went to Babington because the Treasurer, Harrison, regarded Hodgkin's interests outside medicine with great disfavour. These other interests were all connected with

his membership of the Society of Friends. He was one of the founders of the Aborigine's Protection Society, whose object was to prevent the exploitation of the natives of the colonies; he also became Vice-President of the Geographical Society and of the Ethnological Society, and as life went on he became increasingly devoted to philanthropy of all kinds. He used to ride around London in his carriage with a Red Indian by his side and this is said to have influenced Harrison in choosing Babington. In 1836 Hodgkin refused the offer of the Fellowship of the Royal College of Physicians which was probably tied up with the fact that he was closely associated with the foundation of the University of London, becoming a member of the Senate on its formation. One of the principles on which the new University was formed was that no religious tests were to be imposed. Until 1834 the Fellowship of the College had been open only to graduates of Oxford and Cambridge and as these universities required such tests of their graduates it is assumed that the great majority of Fellows were members of the Established Church. It may have been that Hodgkin regarded the Fellowship of the College as being too closely associated with the Established Church for someone of his liberal views.

In 1850 Hodgkin married a widow, Mrs. Sarah Frances Scaife, and their home in Bedford Square "was the scene of much simple hospitality to Philanthropists, Geographers and Ethnologists". As he grew older he devoted more and more time to his philanthropic pursuits and made several journeys abroad to Europe, Morocco and the Holy Land with his friend Sir Moses Montefiore. In 1866 he made a final journey to the Holy Land for at Jaffa he contracted dysentery and after a few days died. He was buried there and the granite obelisk over his grave has the following inscription :

"Here rests the body of Thomas Hodgkin, M.D., of Bedford Square, London, a man distinguished alike for scientific attainments, medical skill, and self sacrificing philanthropy. He died at Jaffa the 5th April, 1866, in the sixty-eighth year of his age, in the faith and hope of the Gospel.

Humani nihil a se alienum putabat.

The epitaph is inscribed by his deeply sorrowing widow and brother "to record their irreparable loss."

CAPTAIN MAGNUS BORE'S DIARY — AD 4226

A day in the life of a space-age medical student

At 09.30 hours I was zooming somewhat sweatily, in my second-hand mini space-mobile from Planetary System Suburbia Sub-Sector 27, "Brixton", towards planet Guy's, the surgical and medicoid diagnostology and therapeutology centre for this constellation. I was late and consequently enormously relieved to see a small weirdly luminous yellow blot appear in the distance on my video-screen. As I came closer details began to show themselves until I could clearly see a strange tangled web of double yellow lines—the aura of Planet "Guy's".

It was now 10.15 hours and I decided to make an attempt to park the heap in the consultoid stratocruiser park. As I edged in the sleepless Martian at the gate leapt out.

"You can't park that thing 'ere."

"But . . ."

"Shove off."

I was condemned like the "Flying Dutchman" to orbit the planet for several light years until a landing place finally became vacant. I landed eventually and whizzed over to the Children's Psycho-developmentology Clinic at 10.40 hours.

"Good afternoon Bore, I am so glad you could come."

"Good after . . . er . . . morning sir, I am very sorry that I am late . . ."

"Mmmm . . ."

"I had intended to 'beam' in today sir but our transporter was u/s—ran out of Grottium crystals and there was nothing Scotty could do until Tesco's opened. I . . . er . . . had to drive in and the traffic was terrible and the . . ."

"Good. Very good. Well done Bore. For several weeks now your excuse has been acute-on-chronic Narcolepsy which was, I fear, becoming a little tiresome. I consider that it augurs well for the future that you have managed to earth your neurone long enough to think up a new one."

"Yes sir. Thank you sir."

"Sit down Bore—take the weight off your brain-cell before it shorts out."

I sat down, surrounded by muffled titters in the audience. I took my muffler off and made myself comfortable. The clinic eventually came to an end and I dashed to the canteen where I lunched well. I had the special of the day—"Synthetic tomato ketchup à la Guy's avec saucisse noir and cremated pommes de terre"—following this sumptious nosh-up I was "un peut vert" for a while but it soon cleared up.

Where will you be in 2 years time?

Gibraltar?

Average temperature, May to September: 80°F.
Distance from London: 2½ hours by air.
Language spoken: English. Importance: Key naval base for RN ships.

Malta?

Average temperature, May to September: 82°F.
Distance from London: 3½ hours by plane.
Language: English. Importance: RN refuelling base.

Hong Kong?

Average temperature, summer months: 85°F.
Distance from London: 6,000 miles.
Language: English. Importance: Vital trading market for UK.

Naples?

Average temperature: 80°F.
Distance from London: 2 hours by plane.
Language: Italian and English.
Importance: Key base for NATO forces in the Mediterranean.

Plymouth?

Average July temperature: 66°F.
Distance from London: 4 hours by train.
Language: English. Importance: HQ of Royal Naval Operations (The Western Seaboard).

We have jobs for nursing sisters in Royal Naval hospitals or Clinics in all the places mentioned above.

Apart from the travel, the Queen Alexandra's Royal Naval Nursing Service can offer you excellent working conditions in modern, well-equipped hospitals; a variety of interesting medical and surgical cases; an exciting social life, and the chance to meet people of all nationalities, with six weeks paid holiday every year.

If you write today, before long you could be working in the Senior Service in any of these places. So if you are interested in a fresh development to your career, write for our new colour booklet to: Superintending Sister Y. McKinnel, QARNNS, (26EH), Room 312, Empress State Building, London SW6 1TR.

QARNNS
The Royal Navy's Nurses.

The afternoon's work passed unremarkably but I noticed as I climbed into my spacemobile that I was very low on fuel. In spite of the fact that refuelling procedures might take some time, and would cause an inevitable set-back to my E.T.A. at home-base, I decided that it was necessary. I blasted off and set a course for the East Wing of the medical complex, landed and headed straight down into the very bowels of the building where the refuelling station was situated. When I arrived I was pleased to see several other young captains hard at work, including the notorious Scunthorpiod Baron Von Nebber. Refuelling proceeded at a brisk pace and after only an hour my main tanks were awash. However, I was deeply involved in a political discussion and decided to fill all reserve tanks as well. This would certainly push back my E.T.A. still further so I decided it would be necessary to inform my wife of the situation—I strolled back to the mobile.

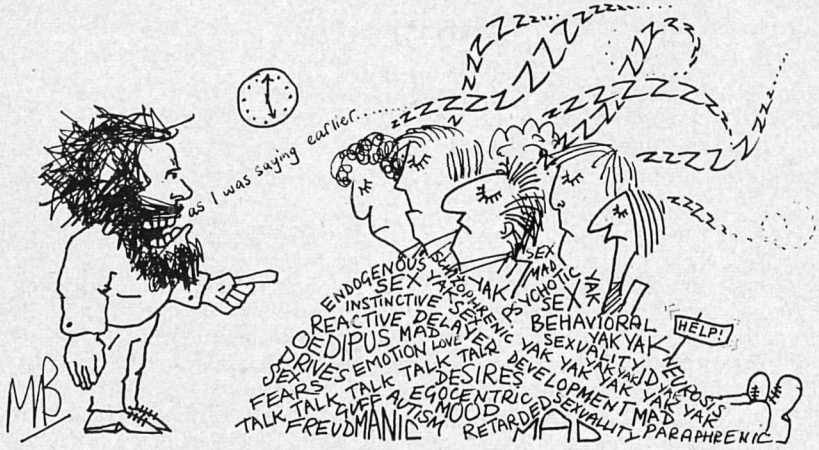
"Bore to Ground Control . . . over."'

"Ground Control to Bore. Where are you? your supper is in the oven and drying fast, please explain."

"I'm . . . er . . . er refuelling."

"Well, you'd better blast-off right now or there may be trouble. Over and out!"

I decided that I better had. I had had cold shoulder and tongue for supper *last* night.


as I was saying earlier.....
ZZZ

OBITUARIES

COLONEL R. H. C. PRYN, F.R.C.S., L.R.C.P.

late R.A.M.C. (Retd.)

Colonel Richard Cotter Pryn who died on the 21st April, 1976, was born at Saltash, Cornwall, on the 12th March, 1895, and received his medical training at Guy's Hospital where he qualified in 1916.

A member of the Special Reserve of Officers, he was mobilised in August, 1916, and was sent immediately to Egypt where he was to serve as Medical Officer to the 1/5 Bedfordshire Regiment until October, 1919.

After a short period at home he returned to Egypt until 1921 and then went to serve with the British Army of the Rhine from 1922 - 1924. During this period he attended the Senior Officers' Course at the R.A.M. College, obtaining a Distinguished grading in surgery which was followed by qualifying as a specialist in surgery in 1924 and his Fellowship of the Royal College of Surgeons (Edin.). This was to be his future career and during the period up to 1939 and the outbreak of the Second World War he was surgical specialist at military hospitals in England, India, Burma, China and Egypt.

At the outbreak of the war he was posted to 2/10 General Hospital and later to 60 General Hospital as Officer in Charge Surgical Division. He was invalided to the U.K. in July, 1942, and assumed command of the Military Hospital at Bath and later at Chepstow.

He then went to North West Europe B.A.O.R. to command 39 British General Hospital and 108 General Hospital and prior to moving to the Middle East he was A.D.M.S. HQ. L. of C. From September, 1946, he was successively C.O. 63 General Hospital, B.M.H. Fayid and A.D.M.S. Canal District South in Egypt.

His last appointment prior to his retirement in August, 1955, was A.D.M.S. South West District.

He is survived by his two sons, one of whom is a Consultant in Surgery in the Royal Army Medical Corps.

An old friend writes "I have known Dick Pryn for 37 years as a close friend and colleague. With a quiet and very likeable personality combined with a sense of humour, he inspired all who knew him. Devoted to his work as a Surgical Specialist he was held in high esteem both by his colleagues and his patients. In his retirement he took a keen interest in his lovely garden and, characteristically, kept himself up to date with the advances in his profession. His latter years were saddened by the death of his beloved wife—a tragedy he faced with great courage. To those who knew and loved him his passing will be a deep sense of loss coupled with thankfulness for the friendship of a true gentleman."

W. G. GILL, M.A., M.Chir., F.R.C.S.

Mr. W. G. Gill, formerly surgeon to the Guildford Hospitals, died suddenly on 29th March. He was born at Reigate on 3rd January, 1908, and educated at Kingsmead, Marlborough College and Caius College, Cambridge, proceeding to Guy's in January, 1930. This January entry was an outstanding one, including Cyril Clarke and the late Richard Vaughan Payne from Cambridge, Hedley Atkins and Harry Treble from Oxford and some from London and Capetown Universities. This galaxy was a tremendous stimulus to everyone. The high standards generated then produced some very successful careers, including two professors who were presidents of their respective colleges. Gordon, or "Father" as he had been nicknamed at school, organised us and, in a kindly way, told us what to do. On qualifying in 1932 he achieved an ambition by being appointed House Surgeon to "Joey" Hughes who had no equal as a teacher of surgery at Guy's. He became F.R.C.S. in 1934 and M.Chir. in 1939. A surgical registrarship at Guy's gave him a good training in general surgery and, at the same time, a clinical assistantship at St. Peter's, Covent Garden, stimulated a lifelong interest in urology. In 1934 he joined the R.N.V.R. and throughout the war he served in the Royal Navy, for some time as surgeon and P.M.O. in the hospital ship H.M.H.S. Vita in the Mediterranean and East Indies.

Late in 1946 he was appointed Consultant Surgeon to the Royal Surrey and St. Luke's Hospitals in Guildford. Over the years he became increasingly involved in Urology, and paid frequent visits to Bristol, Leeds, Cardiff, St. Peter's and Guy's. He founded at Guildford a Department of Urology, now staffed by two Guy's men, Richard Notley and Frank Schweitzer. His urology was largely self taught and we believe this discipline helped to make him an outstanding teacher. He had tremendous enthusiasm and took pride in training and stimulating his juniors and colleagues. Soon their attitudes were moulded by his dominant and outspoken character and his high principles. He encouraged Guy's students to work at Guildford and many returned as Housemen. He also initiated a useful exchange at registrar level between Guy's and Guildford.

From Gordon's boyhood sailing was his great pleasure and he prized his membership of the Royal Cruising Club. He was a fine seaman with a special love for deep sea cruising. As a student he kept the small Itchen Ferry gaff cutter "Minx" at Itchenor when other boats there were few and far between. He started cruising in earnest when, in his registrar days, he bought the Irish built gaff cutter Droleen. He won the R.C.C. Romola Cup for a cruise to Denmark in her. He had many other successful cruises in Droleen and was often accompanied by an equally fine seaman, his brother, Hudswell, who lost his life in an M.T.B. action in the channel early in the war. Life aboard then was Spartan by modern standards. Engines, built up cabin tops, life lines, dodgers and safety harness were considered superfluous and not quite the done thing.

Droleen II, a Laurent Giles Brittany, a lovely thoroughbred vessel, was being built for him at the time of his marriage to Aileen.

He both cruised and sailed in this yacht with success and these days must have been the happiest of his life.

A longstanding ambition to sail across an ocean was achieved recently when he voyaged to the Caribbean and back with his lifelong friend, Dr. Ronnie Andrews, in the latter's 42-year-old yacht Merlin. Despite precarious health he embarked with high courage, his sense of fun, his love of adventure, his generosity and friendship all at full spate.

Gordon also relaxed on the ski slopes but he found cruising under the burgee of the Royal Cruising Club a complete escape from his stressful work and highly strung staccato personality. So to the last he matched his broad and quick intellect with a full physical life.

His wife, Aileen, shared and supported all his interests and her death in 1970 was a very sad blow to him. He leaves a son who is a medical student at Guy's, and a daughter who is a teacher of dancing.

R.A.A. and F.R.K.

MALCOLM BEVERLEY BURTON, L.D.S., R.C.S.(Eng.)

Malcolm Beverley Burton, born in Norfolk and known to all as "Bev", died on 2nd March, 1976, aged 81. He qualified at Guy's in 1917 as a Dental Surgeon and soon after joined the army in the ranks, rising to a Sergeant in the Royal Artillery until his professional qualification was discovered and he was commissioned in the General List and attached to the R.A.M.C., serving as a Dental Officer until the end of the war.

In 1919, he entered General Practice in Abergavenny and became a very prominent member of the B.D.A., serving at Branch and National level. He was twice Branch President, Secretary for the National Conference 1930, Branch Representative 1935/55 and committees too numerous to mention, which included Remuneration, Reorganisation and Amalgamation. He also served on the Monmouthshire Executive Council and Local Dental Committee. As a keen golfer he held high office in the County golfing circles and was also a founder member and Past President of the Rotary Club.

His last years were clouded by the loss of his dear wife, Agnes, a well known artist in cultural and artistic circles, and by his own ill health. Nevertheless, a founder member and Past President of the South Wales Guy's Society, he attended the 25th Annual Dinner at Cardiff on 7th February, 1976, although confined to a wheel chair, his usual cheerful and enthusiastic self and his company was enjoyed by all.

To his daughter, Mary, now living in Canada, we offer our deepest sympathy and memory of a dear and cherished colleague.

G.M.B.

NURSING

THE UNEMPLOYED NURSE TUTORS

Much stress has been laid, during recent years, upon the necessity of recruiting more teachers in the nursing profession, so that the implementation of the Briggs Recommendations may be facilitated. It was estimated that the number required would be double that which now exists, in order to make the new method of training a practical proposition.

As a result of this, there has been much activity. Emphasis was laid on the value of obtaining the Diploma in Nursing as the basis for undertaking a shortened tutors course. This has caused a marked increase in the number of candidates entering for the examinations, and a corresponding rise in the number of failures, since a high proportion of those undertaking the course are inadequately prepared and experienced.

There have also been established several courses for the training of nurse tutors in one year instead of two, and although the sagacity of shortening the course is very much open to question, applicants have been plentiful.

However, it appears that this activity has succeeded in creating a somewhat chaotic situation. Many of the students who are nearing the end of the course are discovering that they are unable to obtain employment, due to the fact that their respective hospitals have no money with which to finance their salaries. As a result these people are extremely disillusioned even before commencing their teaching careers, and are liable never to practise the skills which they have learned, at great expense to the Health Service, and also the taxpayer.

Two issues arise from this. Firstly, this short-sighted attitude on the part of the authorities will mean that when the method of training advocated in the Briggs Report is eventually introduced, there will be insufficient numbers of tutorial staff available. In the second place, the disillusionment currently being felt by those at college, will percolate to others, who are potential students, and cause a decline in the number of candidates who offer themselves for training.

It is well known that, despite a larger student intake, the number of practising tutors has not increased during recent years. It would then appear that, in the present climate, they are liable to decrease considerably unless action is taken to rectify the matter.

It is, of course, a fact that tutors are deemed by many to be an unnecessary luxury. In view of this, might it not be expedient to consider the possibility of all teaching being undertaken by ward sisters and unit matrons? for, if the present trend continues, these are the people upon whom the student nurses will have to place total reliance for any tuition whatsoever.

Making life a little better is what life assurance is all about. And now – when you're young – is the best time to think about it. We have designed two policies specially for young people. Both offer you high security and flexibility for low premiums. Isn't that just what you need?

SCOTTISH WIDOWS

Ask your broker.

PHYSIOTHERAPY

SPACE

Reference was made in the last issue to the effectively contracting space in the physiotherapy department and the simultaneous expansion of the service. This is a problem which besets the School in a similar way, as the student population increases associated with the implementation of a new course of training places great strains on resources, despite the co-operation which exists between the Schools situated in Shepherd's House.

Essentially, the physiotherapy course is one of practical training superimposed upon a theoretical basis, and the new course is arranged as a pre-clinical first year followed by two years in which the emphasis progressively shifts towards practical tuition in the School, out-patient departments and wards. The School was designed to take two groups of 20-plus students, one in the Spring and the other in the Autumn, and its two theory classrooms, two tutorial/study rooms and two practical classrooms, were adequate while this system operated. Now, however, we have a single intake of 40-plus students and a "bulge" inevitably develops.

We can, thanks to the students' tolerance, fit this group into the larger of the two classrooms for their theory teaching, though it is almost a case of getting them to breathe in and out asynchronously to make sure that those at the periphery avoid crushing injuries against the walls. The tutorial rooms give us the opportunity to take small groups of half-a-dozen or so comfortably, and the smaller classroom will accommodate a larger group quite adequately. But where we run into trouble is in teaching the various techniques of physiotherapy, because we have to split the set into halves—which we would do for preference anyway—and the practical classrooms simply are not sufficient.

We can, by juggling about with the timetable, just about cope for the periods when we have the normal number of students in, but since we are still running the second and third years of the old course alongside the first year of the new, and since the "old" qualifying date is out of phase with the years of the new course, we have periodic episodes of acute congestive failure. For example, from last November until mid-May we had an extra 20 students in the School, and from next September until December we will have an extra 40, and it becomes quite impossible, try as we may, to fit them into the existing space.

The only solution, as matters stand, is to use some of the patient treatment area for teaching purposes so putting yet another constriction on the space used for this purpose.

How we get round this is not clear, as the Schools of Nursing, Radiography and Radiotherapy are also desperately looking for more room for their expanding population. The Principals of the three Schools are all identifiable by the hungry look in their eyes as they speculatively scan the Hospital seeking lebensraum, and the harrassed look which becomes even more pronounced as the beginning of another academic year draws nearer.

RADIOGRAPHY

During this anniversary year most departments in the Hospital are looking at their history. Although radiography has only a short history on which to gaze, that short period has seen many large changes in the 81 years since its inception.

Radiography and radiotherapy have grown very rapidly and are still developing, particularly in the sophistication of the techniques, which are now frequently assisted by computers to enable the required calculations for treatment and diagnosis to be carried out at the extremely high speeds necessary. In addition to the electrical advances which have been made and which have enabled a vast range of techniques to be developed, the advances in Nuclear and Radiation Physics have made their mark on radiography and radiotherapy, giving rise to the field of Nuclear Medicine which utilises a vast armoury of artificially produced radionuclides in both diagnosis and treatment.

Yet another newcomer to the scene is the branch of Diagnostic Ultrasonics which, as in many places including here at Guy's, has been brought under the umbrella of diagnostic radiology, because, although it does not actually make use of ionising radiation, its basic principles as applied to diagnosis do bear many similarities to radiography and, to use modern terms, it is classed as an "imaging technique".

In keeping with the Hospital's tradition of teaching we are deeply involved in training in all four sciences, having Schools of Radiography and Radiotherapy and taking part in the new training schemes for the Society of Radiographers' Diplomas of Nuclear Medicine and of Medical Ultrasonics by sending staff to the courses that are being run at various places.

BOOK REVIEWS

"Epidemiology in Medical Practice" by D. Barker and G. Rose. Pp. 140. Price £2.95. Published by Churchill Livingstone.

This is a concise and very readable work. It is written in three sections dealing with population or community aspects of disease description, prevention and patient care with screening transposed from its more accustomed slot in the preventive section to that of patient care. As its name suggests it is mainly orientated towards clinical epidemiology and it provides some interesting slants on established ideas in this field with some improved ideas as far as terminology is concerned.

The authors stress the importance of numeracy in relation to health and disease (especially the latter), which is understandable in a book written by two distinguished Epidemiologists. One is left in no doubt that success or failure in health care can only be assessed if the outcome can be quantified. This truth (like those currently being celebrated on the other side of the Atlantic) may be held to be self-evident but the price one has to pay for a short book is that corners have to be cut. There is a danger, therefore, that the superficial reader will jump to the conclusion that the assessment of medical care depends solely on indicators that are easily quantified; by implication this could mean that health factors which are difficult or impossible to measure accurately such as the quality of life, mental well-being and distress must be left out of the equation.

While by no means essential reading for all students it is nevertheless a useful addition to the field and likely to be helpful to those who appreciate the value of quantifying medical topics but who are not endowed with sufficient mathematical expertise to tackle some of the more solid tomes that have bedevilled the subject in the past. J.A.D.A.

"Craniofacial Embryology", 2nd Edition, by G. H. Sporber. Pp. 163. Price £5.00. Published by John Wright, Bristol.

The author of this book has selected from the field of embryology those parts he considers necessary to describe the development and growth of the face and skull. For this reason he condenses everything prior to and including fertilisation into 2 lines. The next three months development receive 18 pages, 19 diagrams, 2 photographs, a graph and a pair of flow diagrams containing lots of little boxes with arrows running all over the page (alas, the most conspicuous of these arrows queries whether the cytoplasm has any effect on nuclear activity). This is followed by 30 pages describing in rather more detail the development of the branchial arches; a neat, clear, descriptive account which is followed by a short dissertation on bone development and growth.

In the remaining two-thirds of the book, each chapter describes the development of a part of the head (the Cranial Base, the Palate, the Mandible, the Paranasal Sinuses, the Salivary Glands, and so on). Due to the space given to them, most of these are far more authoritative than the earlier chapters.

The book is, for the most part, clearly written and well illustrated with line diagrams. For its size, the price is either outrageous or reasonable depending on whether you are buying it or comparing its price with that of other books. The proportion of text allotted to each topic is obviously and sensibly biased towards the needs of preclinical dental students. However, each chapter ends with a brief description of both common and unusual defects in development, and with a bibliography containing a dozen or more references. These could be valuable to both clinical students and post-graduates.

The most serious defect is the absence of any attempt to mention or consider the whole field of experimental embryology. Explanations of development, as opposed to descriptions, are merely a list of terms used in embryology. For example, "the growth and development sequence is genetically determined *or* operates through the mechanisms of inductors, metabolic modulators, neurotrophic and hormonal substances and interacting systems

of stimulation and inhibition of contiguous tissues" (my own italics). The author seems to imply that problems in development have been explained if they can be given a label such as "pneumatisation" or "nidation". This naivety together with the fact that he chooses to open the section on general embryology with a quotation from the Psalms (("I will praise Thee: for I am fearfully and wonderfully made") leads me to the unfortunate conclusion either that he is unaware of the shortcomings of his approach or worse still that he is attempting to preach vitalism.

J. W. Osborn.

"Biochemistry", 3rd Edition, by S. P. Datta and J. H. Ottaway. Pp. 504. Price £4.50. Published by Baillière Tindall.

Even a professional biochemist now finds the subject difficult to understand. It has become so complex that the International Union has not for some years thought it feasible to have a general Congress and the Biochemical Society long ago divided into specialist sections. There is thus need for a clear, simple text comprising what medicals needs to know. Unhappily (a) no one knows what this is and therefore (b) no such text exists. Data and Ottaway (D. & O.) started in 1927 as *Aids to Biochemistry* (that is, to passing exams in it) and the two previous editions of its successor, *Biochemistry*, especially the second (1969), really were concise and to the medical point. They had some faults, such as confusion over the ionic states of phosphate groups and the chemistry of reduced coenzymes. These, inexcusably, persist in this new edition but, worse, a great deal of complicated stuff about protein synthesis and structure, gene expression and control systems has been added which, although of general interest, is certainly too detailed for medical students, especially as so much will quite quickly be out of date.

The chapter on Chemistry of Blood unfortunately deals in milliequivalents (no longer understood by science students) and weight/100 ml. of blood constituents. The precipitate (not to say craven) adoption of S.I. units, in spite of the refusal of the U.S. to use them, means that any textbook will now have to be bi-lingual in this respect and British students will soon need a key to follow D. & O.

It is probably impossible to provide a textbook ideally suited to medical people and my opinion is that D. & O. has rather slipped back along the path to doing so in its new edition. As a teacher's handbook, it remains extremely useful and can be expected to disappear rapidly if put out on the shelves of the Wills Library. It is crammed with facts, illustrations, formulae and graphs, all of which a student of the subject may wish to look up at any time. As a reference work, it is excellent value for money.

G.A.D.H.

"Modern Ophthalmic Nursing" by Peter Wilson. Pp. 64. Price £1.50. Published by Edward Arnold.

The preface to this book states that it is designed for student nurses, and that the text has been reduced to a minimum, in order that space may be made available for diagramatic representation.

Many of the diagrams, are indeed very clear, and indicate well, the correct method of undertaking various practical procedures. However, one feels that those which illustrate the anatomy of the eye, and the visual pathways are not easy to interpret.

It is always interesting to discover a book about nursing, which has been written by someone other than a nurse, since the same mistakes are invariably made. The volume tells one little, if anything about nursing, and thus leaves the reader with a sense of frustration. Moreover, the text is simplified to such a degree, that one is left to wonder, for which section of the students it is designed.

There is little in this book, which has not already been written elsewhere. As a quick aid to revision it may well be of use, provided that adequate teaching in considerable depth, had been given previously. One would however be cautious in advising students to purchase individual copies, since the range of the book is so limited.

Pamela M. Jefferies.

CORRESPONDENCE

250th Anniversary Celebrations

SIR,—There must be many old Guy's persons who, like my wife and myself, would like to express their gratitude to those responsible for making the 250th Anniversary events such an enjoyable and memorable occasion.

Our main debt is to Philip Helliwell with the fellow members of his Organizing Committee, those who mounted exhibitions and gave lectures. But there was a host of people now working at Guy's who contributed in other ways—especially were those who helped and guided their visitors in finding their way through a complex of buildings that was more reminiscent of a visit to Manhattan than to the Guy's whose every ward and passage way we once had known. The friendliness of Guy's and its helpfulness to others had not changed.

Yours faithfully,

A. BATTY SHAW.

Norfolk and Norwich Hospital,
Norwich, Norfolk, NR1 3SR.

250th Anniversary Celebrations

SIR,—Those who have read in the press of the recent 250th Anniversary Celebrations and the opening of the Tower Block by Her Majesty and particularly those who were fortunate enough to be present must have been proud of the way in which the whole function was carried out. The organization was immaculate—and there was not the slightest hitch. The many separate functions, apart from the actual opening ceremony, to mention only a few, such as the Service of Thanksgiving at Southwark Cathedral the Nurses' League Annual Meeting and Tea, the Scientific Meeting and the Brock Oration demanded careful and thoughtful planning and an enormous amount of hard work.

I am sure everybody will wish to congratulate the organizing committee and particularly Dr. P. J. Helliwell upon the outstanding achievement of organizing with such efficiency a function of such importance to Guy's. We owe them a deep debt of gratitude.

Yours faithfully,

F. S. WARNER.

Flat 11,
115a Ridgway,
Wimbledon, S.W.19.

250th Anniversary of Guy's Hospital

SIR,—Thursday, 6th May and Friday, 7th May, 1976; two memorable days! I feel humbly proud and privileged to have witnessed the various functions.

Such a well organised affair calls for appreciative comment and thanks to all concerned.

The significance of the last part of Sir Hedley Atkins' speech at the Biennial was not lost on an old fogey such as myself, who devoutly hopes that it will be remembered and acted on in *future* years.

The Biennial Dinner, which I attended with my two (Guy's) sons, was certainly the biggest and best in my experience.

Yours faithfully,

MAURICE E. M. JAGO.

1 Penolva,
Mousehole,
Penzance, TR19 6TX.

Opening of Guy's Tower

SIR,—Having read the announcement in the daily press concerning the opening of the Tower Block by her Majesty the Queen, my worst fears were realised on visiting Guy's the following day to find that the senior medical and surgical staff had been omitted from the ceremony.

I believe that Thomas Guy had intended that his Hospital, of which we are all so proud should at least be partially staffed by medical men. What sad times we are now living in.

Yours faithfully,

W. B. D. MAILLE, M.D., F.R.C.P.,
Consultant Radiologist.

The Gables,
Emsworth, Hampshire.

Biennial Dinner

SIR,—As Chairman of the Guy's Hospital Anniversary Dinner I should like to express, on behalf of all those who were present, our thanks to Mr. Noel Glover for the immense amount of work which he undertook in organizing this historic occasion.

Our thanks are also due especially to Miss Beryl Hilliard, Secretary of the Department of Post-Graduate Education, for the detailed administrative tasks which she performed with enthusiasm and dedication.

Yours faithfully,

HEDLEY ATKINS.

Down House,
Downe, Kent, BR6 7JT.

Hunt's House

SIR,—It would appear that the District Management Team are as unsound as the tower atop Hunt's House.

In the days before government interference ("re-organisation"), money would, surely, have been found from the Endowment Funds, for the repair of the attractive tower; and the skyline of Guy's could have remained unaltered.

Is it not time for the senior medical and nursing staff to set up a fund to cover the cost of keeping Guy's in the manner to which she is accustomed? —a fund beyond the control and interference of the vultures from the Elephant and Castle.

Yours faithfully,

KEITH STEWART.

11 Tanglewood,
Alconbury Weston,
Cambridgeshire, PE17 5LB.

"Ludwig Wittgenstein"

SIR,—Outside Guy's pharmacy is a placard saying "Ludwig Wittgenstein, philosopher worked in this pharmacy from 1942-43."

This fiery philosopher so severely criticised Bertrand Russel that of his criticism Russell wrote:

"That it affected everything I have done since, that I could not hope ever again to do fundamental work in philosophy. My impulse was shattered, like a wave dashed to pieces against a breakwater. I became filled with utter despair. My reason was that Wittgenstein persuaded me that what wanted doing in logic was too difficult for me."

Wittgenstein was an explosive pacifist of supreme intelligence, even if incapable of lucid expression in writing of his principles. Someone must have worked with Wittgenstein in the Guy's pharmacy, an environment which would seem far removed from his natural milieu. Would it be possible for them to write their memories of this eccentric genius before all knowledge of his brief spell at Guy's is lost?

Yours faithfully,

J. E. DUSSEK.

High Hope,
The Street,
Plaxtol, Sevenoaks,
Kent.

Physiology Project

SIR,—In the summer and fall of 1973 some seventeen Second M.B. students did some original experiments in the Department of Physiology as part of their course work. The general title of these investigations was "What the eye tells the hand". Professor J. N. Hunt and myself acted as moderators.

Those students will be glad to hear that this work is published in the prestigious Journal of *Motor Behaviour*. (Volume 8, No. 1, pp. 43-58, 1976). They are all duly cited in the paper. I have ordered reprints and these students may write to me at the above address if they wish to receive a reprint.

In parenthesis I may add that any of the friends of my wife Moira and myself may write to us to re-establish contact and find out about life in the U.S.A. In just eighteen months in this country I have met six people from Guy's, so I hope some of you are still left over there.

Yours faithfully,

DEREK F. STUBBS, M.B., B.S.,
Research Physician C.N.S. Diseases Research.

The Upjohn Company,
Kalamazoo, Michigan 49001.

Titillating Titles

SIR,—Dr. Michael O'Donnel, editor of *World Medicine*, diverted us a few weeks ago with his talk on style in medical journalism. He impressed on us the importance of the title of a scientific paper: it must be eye-catching or mind-boggling or preferably both. He started us off with several titilating examples. For afters, how about this from a current science journal:—

"Variations in Lipid Composition and Sound Velocity in Melon from the North Atlantic Pilot Whale".

Yours faithfully,

COLIN ADAMS.

Department of Pathology,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

SPORT

Sports Commentary

Throughout the sporting calendar at Guy's, though more so in the Winter Season, there is the inevitable crop of Cup games. Most are inter-hospital matches and hence resurrect the long-standing rivalries between various well established hospitals. The results are therefore crucial if only to show the outside world that Guy's sport is still flourishing. Whilst not condemning this attitude, since we all derive a sense of pride when a Guy's side wins a particular Cup game, those involved actively in Rugby, Hockey, Soccer, etc. at Guy's will realise that there is a certain amount of hoodwinking going on. (This seems to be more prevalent at other hospitals though!) I refer to the approach to team selection for such games, whereby members of a team who have turned out regularly throughout the season are "replaced" by others (who are deemed to play better)—probably only having played one previous game that season. Members of 1st XV's or XI's who are not cup-tied are drafted into 2nd's sides to bolster up that particular side. These replacements are admittedly better players on the whole, but I question the necessity to disrupt settled teams just to get "one-up" on another hospital. Surely the sense of pride and achievement is tarnished by such methods? (even if other hospitals do indulge also). If Guy's is to build teams for the coming years from the younger students, they must be given the experience of playing together in such matches. If such practices go on then Guy's will continue to suffer demoralising defeats in the future. There is no lack of talent at Guy's but the problem is harnessing that talent into successful teams who know how to play together and who have the appropriate experience to do so.

250th Anniversary Gala Sports Day

Saturday, 8th May, at H.O.P.

The Sports Day held at Guy's Sports Ground at Honor Oak Park was a fitting finale to the week's celebrations and activities. Never has the ground looked so impressive and inviting as everybody basked in temperatures soaring into the 80's. Competitors (and onlookers) were in evidence very early on Saturday morning preparing for the forthcoming events. Between the events lillywhite legs were exposed to the sun's rays in attempts to achieve a meagre tan whilst the strains of the disco-music floated across the ground.

The Mixed Doubles Tennis paved the way for the day's activities. Preliminary rounds comprised one set matches with tie-breakers where appropriate. (Few were necessary since many rackets were fresh out of mothballs!) Whilst the Tennis proceeded, across the park the six-a-side football competition was attracting a large gathering (contentedly supping beer from the nearby marquee). The prospect of ladies' football had undoubtedly stirred a few imaginations! In spite of their apparent incoordination from the waist-down the women played remarkably well considering for many it was their first attempt at the game (though a certain "Thunderthighs" team had been training on Clapham Common). Interspersed with those games were the men's games where competition was fierce though control was kept by good refereeing. The draw brought together teams with truly remarkable names such as the "Urban Blitz", the "12th Floor Choppers" and the "Ectopics". The Ladies' Final featured the "Champs" against the "Amateurs". An evenly balanced 1st half ended with a penalty separating the sides (awarded to the Amateurs). However, in the 2nd half the Amateurs surged ahead with two goals from Kathy Irwin who completed her hat-trick. The final whistle was greeted with enthusiastic cheers at 'what about swapping shirts girls?' The Ladies' Trophy was presented by Professor Haslewood later in the afternoon. The Men's Final was rather an anti-climax after this impressive display. M.P.F.C. (alias Monty Python's Flying Circus) beat Walmington by a single goal scored late in the 2nd half by John Harker although the suicidal tackling of John Pascoe made matters difficult for the eventual winners.

The Tuk-o'-War followed the football, ably organised by Nick Singer. After a certain amount of muscle flexing the final was contested between the Angels and the Rugby All-Stars, both with their sights on the barrel of beer being presented as the prize (courtesy, National Westminster Bank). The insatiable thirst of the All-Stars proved to be too much for the Angels! For the less energetic there was the Target Golf run by Mark Harris. Those who normally spend their weekends on the greens were easily discernable from "run of the mill" players. The first prize was shared by four people: L. Hughes, Mr. Jaffray, C. Mackenzie and R. Hannaford, all on a score of ten points. As the afternoon progressed the weather looked more and more ominous and grey monsoon clouds began to collect over the ground. Eventually the heavens opened, abruptly curtailing the Tennis and Cricket. The Tennis had to be abandoned at the semi-final stage leaving Jim and Pat Spindler and Julien Lewis and Jane Storey still to play for the honours. The 1st XI cricket match against Carnegie was washed out with the Guy's innings total standing at 115 (Ian Nicholson 47). Carnegie had barely started their innings when play stopped. Fortunately, some of the Athletic events went ahead as scheduled. Winners were Chris MacLaughan (men's 100 m. sprint), Pat Reynolds (women's 100 m.) and Simon Caley (men's shot). Of the more light-hearted events the 3-legged race was won by Grahame Mason and Tina Chubb. To everybody's disappointment the mixed rugby lasted for a few minutes before the dash to the pavilion was forced by the rain.

Since the heavy rain had put paid to any hopes at restarting the events, thoughts turned to the evening's entertainment; namely the barbecue, the disco, the two bands in the marquee and the free Pernod! The evening carried on in the same high spirit that the day had started with. As the saying goes, "a good time was had by all". However, I would be commiting a grave injustice if I did not express the most sincerest thanks (on behalf of all those who attended) to those people who organised all the entertainment during the day and whose hard work was much in evidence. In this, I include the hosts Eric and Joyce Dann (and family), Pete Watkinson, Mike Selley, Francis Hughes and Roger "Scott" Davies for the music, Ian Wilson, Tim Palmer and to any others that I have omitted to mention, my apologies. Thank you very much for a thoroughly enjoyable day.

W.S.S.

RUGBY

The Season, 1975-76

Anyone following the fortunes of the first fifteen might expect the Club to founder at any time. However, in some respects Guy's rugby is healthier now than for several years. For example, six teams have been playing regularly throughout the season suggesting a resurgence of interest comparable to that of ten or more years ago. Furthermore, many of the junior sides have enjoyed a relatively successful period, particularly the "Beers" and "Artists". Despite a strenuous campaign to discourage isolationism and exclusiveness in some of the junior sides, there remains some commitment to the principle of independent social sides within the Clubs as reflected by the maintenance of the fanciful titles, "Artists" etc. Nevertheless, this issue has not povoked any acrimony during the season and the junior sides have contributed greatly to the wellbeing of the Club, not only by sustained enthusiasm on the field but also by their support in the organisation of various Club social events such as the Bonfire night party.

For those outside the Hospital, the health of the Club can only be gauged by reviewing the first fifteen results in the newspapers or the *Gazette*. Although this has made dismal reading it is not a fair reflection of the Club's activities in general, as the above comments attempt to indicate. There is no doubt that the Club has a lot of talented players but who by today's standards, particularly at first-class level, are relatively immature by virtue of experience and physique. Therein lies the weakness of the first fifteen. Nevertheless, credit is due for many performances during which defeat was not readily conceded.

The season began on a note of optimism with victories over Bognor, Bromley, Purley and a close match against Blackheath. There then followed a demoralising defeat by Cambridge University who it must be remembered had a magnificent season. Anticipated victories over mediocre sides such as Osterley and Old Merchant Taylors were interspersed with poor performances against several clubs of equivalent strength, such as Tredegar, Oxford and Esher. The second half of the season was strangely erratic with ineptitude one week and excellence the next. Most memorable games were played against Mountain Ash which was drawn, Nuneaton which was lost and notably against Coventry in which the team produced its most impressive display of the season. Against several sides, massive defeats were sustained particularly in the games with Exeter and Gloucester. The fact that the team continued to play with enthusiasm after each of these debacles suggests that the club is endowed with considerable character.

One of the disappointments of the season was of course the defeat by the London Hospital in the Hospitals' Cup competition. In a very close game Guy's were unlucky to lose and the players felt justifiably cheated. The second fifteen fared only marginally better in the Junior Cup competition. One of the brighter fixtures proved to be the Past-Present game, now held annually after the first home international. Both the rugby and the reunion were enormously enjoyable and well-supported. The Guy's Supporter's Club offers a means of maintaining a link with Guy's rugby and interested readers who are not yet members are urged to join by contacting Steve Challacombe in the Department of Oral Immunology at Guy's.

One of the chief stalwarts of the Supporters' Club, Hugh Burry, is returning to New Zealand. The Club owes him a considerable debt and will be saddened at his departure. The Club would also like to extend its gratitude to that small band of loyal supporters who share the fortunes of the first team, especially Mr. and Mrs. Batchelor and the President of the Club, Mr. T. L. T. Lewis.

T. Gibson.

Guy's 1st XV 10 vs. Old Whitgiftians 15

Saturday, 3rd April, at H.O.P.

In a lively but unmemorable game Guy's lost by a goal and a try to one goal and three penalties. From the outset there were signs of ill-temper and frequent exchanges of blows, and although Guy's were not the instigators it was the hospital which suffered most in terms of penalties conceded and actual bodily harm.

As usual, Guy's started badly. A penalty in the first few minutes followed by a try and conversion put the home side under pressure. The forwards struggled to win possession from the tight but definitely had the edge in the loose where the rucking was at times very effective. The back row covered with more enthusiasm than in recent games and Brazier worked hard in attack and in harrying the opposition.

The backs played solid football, however, they lacked flare and enterprise. Their single failure to translate possession into points reflected their overall performance during the season. With so much talent it is difficult to see why tries have not been forthcoming. Laws was outstanding in his perseverance, always trying to catch the opposition unawares and a little more alert to the possibilities than most of his colleagues. However, it was a forward, Hagan who scored Guy's first try after coming into the line. Danford converted, so at half time Guy's were losing 6-9.

The second half was hardly less pugilistic and once again the least subtle punching was performed by Guy's players. In the first twenty minutes the hospital seemed to control the flow of play but despite continued pressure managed to score only one try which Portelly secured in the corner after an orthodox move. It was a disappointing last home game but the result was consistent with the season's general performance. After the match, Hugh Burry, for long a source of inspiration to Guy's rugby was presented with an engraved tankard. His return to New Zealand will leave a gap in the Club's ranks and Guy's players, past and present, wish him and his family well in their new venture.

Team: R. Cording, T. Gibson, I. Neill, P. Loxton, S. Challacombe, J. Brazier, B. Hagan, L. Hughes, R. Laws, R. Moore, C. McLauchlan, A. Cooke, A. Portelly, G. Francis, M. Danford.

T.G.

SQUASH

The close of the Easter term saw the end of the Squash Club's matches for another year. A very full and exhausting fixture list of 108 arranged matches heralded a season in which many long standing friends of the club disappeared from our squash scene. To mention but a few; last year's captain, Robert Kirschen, Chris Mackenzie, John Lewis and Gus Kingon. We have a lot to live up to and many positions to maintain in the University of London Squash Leagues. A very difficult task.

Results for the season were reasonable but by no means spectacular. The Cumberland Cup team had a poor start, but picked up in the second half, winning all but one of their matches and there is talk of trying for promotion next year. Our league teams kept their heads just above water, all three maintaining positions in their respective divisions.

On the social side we saw many old friends in Courages, Middleton, Old Paulines, the Exiles and many others.

The two tours by the Gonads were of exceptional quality. Alas, our Sussex visit saw our last stay at Thatchings which has harboured many a weary and ailing team. The Cambridge tour was a match short owing to a last minute cancellation by Cambridge City, but despite this we had a very enjoyable time. Both St. John's and Selwyn were hospitable and entertaining. Their bars close considerably later than the Guy's bar.

We are sorry to see Mr. Maynard relinquish his presidency after all the help and encouragement he has given us over the years. We will always remember the entertaining evenings in the Pinder of Wakefield after the A.G.M.'s.

Next year we hope to see many new faces, preferably "squash" ones, in the intake of freshers. Meanwhile, the remainder of us go into our summer recess to try and improve our squash or just relax from the pressures of playing three matches a week.

J.W.A.M.

SWIMMING

Students vs. Teaching Staff

Monday, 10th May, saw the Swimming Club's efforts for the 250th celebrations, challenging the Teaching Staff to a swimming match. Both teams were well supported, represented by Medical and Dental students and staff. Due to a certain element of cheating and obstructing no score was kept, although it was evident that certain members of the staff lacked the mobility of bygone days. Those worthy of special mention were: Dr. Wolfe, who nearly won the one length butterfly and used this as an excuse to eat more refreshments than anyone else afterwards; Drs. Brown and Johns who had to share the one length "doggy-paddle", neither having the stamina to complete it on his own; Glenn Abrahamson who submerged halfway down in the first length of his two lengths free-style and surfaced in a neighbouring lane clutching the feet of one of his opponents—Dr. Binnie and Mr. Yates who performed the most impressive racing dive of the evening and also the biggest splash.

The water polo game was satisfactorily disrupted by the student women's team who jumped into its midst 30 seconds after the beginning, and Professor Rowe, in his eagerness to enter the water, is reputed to have leapt, feet first, onto the back of one of the male students, maiming him for the rest of the evening. The score:— Students: Lost count, Staff: 1.

Teams: Men's staff: Professor Rowe, Dr. Johns, Dr. Binnie, Dr. Brown, Mr. Yates, Professor Hunt, Dr. Cash, Dr. Wolfe, Dr. Tatchell, Dr. Bannister, Mr. Ramsay, Mr. Beare, Dr. Walters, Dr. Haymann, Mr. Ingham.

Men's Students: A. Smith, M. Miller, J. Taylor, D. Rickard, A. White, S. Khan, N. Masters, P. Robinson, J. Clarke, J. Beard, M. Vallis, D. Roche.

Women's staff: C. Eliassen, D. Newton, R. Mestyns, C. Jones, M. Price, H. Wilson.

Women's students: C. Smith, M. Ganczakowski, S. Saunders, G. Trounce, P. Arnold, H. Kinsella, S. Higgs, H. Wilson, G. Francis.

M.H.M.

HOCKEY

The Spirochaetes Tour — Easter 1976

The infamous, ever-respectable, totally unpredictable tour at sunny Paignton this year very nearly didn't materialise for the Guy's team. A mixture of appalling mismanagement and sheer bad luck resulted in the appearance of barely half a team on the Thursday evening; however, as always the Spirochaetes appeared in full "regalia" on Easter Friday morning ready for anything, except Hockey! The journey down was in the Boat Club's mini-bus, with slipping clutch and wavering steering. Those travelling were seven men, one barrel of beer and a woman! (A volatile mixture). The latter was Dr. Sue Barker, the camp follower who had volunteered to play if we were short. Unfortunately, she did not perform but her presence had a sobering effect on us all !

The level of hockey played was astounding (as usual). No team left the field feeling that they had won easily, although we managed to retain our record of the wooden spoon. We gained good friends and kept old enemies, namely the "Ship" and the "Redcliffe" but as always our presence was noticed. The pints record of 63 from last year was surpassed by Barrie Price (P.A.) who collapsed just before midnight on the Monday. On Saturday the casualty list read thus; one cut lip, three bruised lips, various sprained ankles, six limps and only three hangovers. The future of the Spirochaetes is uncertain but I am sure they will continue their reputation as the best social hockey team in the Paignton Tour.

S.E.M.

Team: S. Martin, B. Price, T. Bayliss, D. Maxted, J. Fewster, D. Cole, D. Greaves, R. Forber, R. Steel, B. Crozier, M. Pope, Sue Barker.

CRICKET

Preview

Once more the "posts" at H.O.P. are uprooted and stacked away for the summer months. The new cricket season is about to get underway on what must be the hardest April wickets for many years.

A preview report must serve several functions: firstly, it is one for reminding the "old regulars" that there isn't much time for a respite between hanging up rugger, football or hockey boots and clambering to the back of the cupboard for those, hopefully, ever-white cricket boots! Secondly, there must be a message to all those would-be cricketers who have not held a bat since pre-A level days, that any hospital club depends upon a good inflow to balance the outflow which M.B.B.S. and B.D.S. brings about. Thirdly, there is a welcoming note to all those who are experiencing their first summer at Guy's, the club looks to you for the experience in the future.

In mentioning the above, it should be noted that the club is as strong as ever and the fixture lists for the teams are continually expanding This brings one conveniently to those in 1976. The 1st XI and 2nd XI have a large number of fixtures which range from the "old rivals" such as Beckenham, "Stoics", Ashtead, The Phast, etc. to new games arranged through the cricket club conference. The Hospitals' Cup, so popular in other sports does not omit cricketers with the first round against The Royal Dental Hospital on 18th May. The season culminates with the usual week's tour of Sussex, around the Bognor area. The season is a full one and with new "blood" and many of the experienced players still available there is every prospect of 1976 producing not only a happy figure for the statisticians but also a chance to build on the already warm atmosphere in the Club. A word in this preview must go to Mr. Dann and his merry band of groundsmen in appreciation for their splendid results in preparing such a fine square in one of the driest April's on record. To repeat my plea for all, as yet unknown cricketers, a note to the secretary, Mike Glover, via the Cricket Club pigeon hole will allow Guy's cricket to build on an already pleasing strength.

S.D.B.T.

TENNIS

Preview

Last season was in many ways a disappointing season due to the failure of a number of opposing teams to field a full side. However, this year the United Hospitals Tennis Club (of which Guy's is a member) is employing stricter rulings concerning this problem and fortunately the various hospitals are responding well by either ensuring an adequate team is raised or withdrawing from the competition. The United Hospitals have organised a League and Cup Competition as usual. Guy's are in the League 1st Division; four home matches and three away matches are scheduled for the Wednesday afternoons of this term. The season started off on 5th May with the 1st league match against St. Mary's. As usual, Mary's fielded a strong side and Guy's with three new players were soundly beaten. However, we are confident that things will improve and good results will be forthcoming as we have an enthusiastic squad of players. As well as the competition games there are also a number of friendlies arranged for this season and in addition to these we are attempting to arrange a tour against some of the colleges either at Oxford or Cambridge. Whatever happens it promises to be an enjoyable season of Tennis.

J.C.

WATER POLO

The U.L. league has now finished; the 1st team in the 2nd division played six matches and won them all. The more recent victories were: 6-1 vs. Thomas' (played twice, each with the same score), 7-1 vs. I.C., 5-0 vs. Westminster. The results of this league have been very encouraging since in the last year-and-a-half the Guy's Waterpolo Club has been struggling to win its matches. Now, with the advent of the new pool the Club has increased the number of members and the standard of play has risen substantially.

The 2nd team were less fortunate. Most of the members have only started playing this year and have not got the experience that their opposition gained in the U.H. league last October and November. Playing in the 3rd division they lost all their matches.

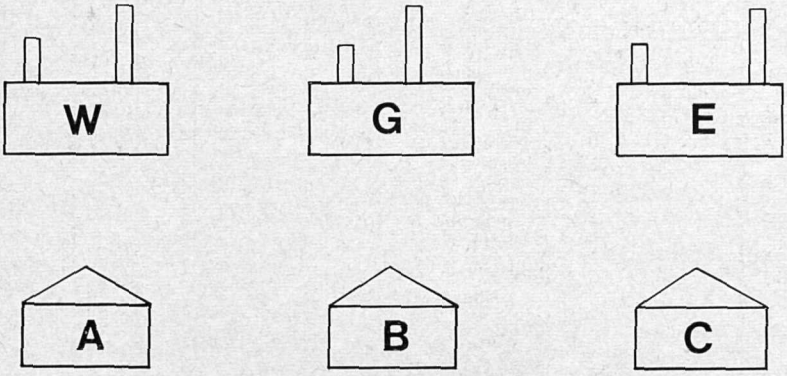
During the summer there are no inter-hospital leagues, but we are hoping to practice regularly and to organize some matches against other Hospitals in the Guy's pool. With this match practice we should be at a considerable advantage at the beginning of the next season, and hopefully the second team will be more successful.

M.M.

CURIOUS PROBLEMS
No. 6

I.

It is required to install water, gas and electricity from W, G and E to each of the three houses, A, B, and C, without any pipe crossing another. How may this be achieved ?



CLUE : A little "diplomacy" by the waterboard will "C" you through.

II.

WATER MEASUREMENT

A maid was sent to the brook with two vessels that measured exactly 7 pints and 11 pints. She had to bring back exactly 2 pints of water. What is the smallest possible number of transactions necessary ?

[*A transaction is filling a vessel, or emptying it, or pouring from one vessel to another.*]

ANSWERS TO CURIOUS PROBLEMS No 5

(a)	*3*	*4*	*6*	*9*	*14*	*22*	**35**
(b)	*1*	*9*	*2*	*8*	*3*	**7**	
(c)	*4*	*2*	*6*	*4*	*8*	*6*	**2** *or* **10**
				or			
	42	*64*	*86*	**108**			

HOSPITAL INFORMATION

ROYAL COLLEGES OF PHYSICIANS OF THE U.K.

M.R.C.P.

March 1976

M. K. Anto
F. T. Cordingley
T. J. Cox
S. D. Horsley
S. J. D. O'Keefe
N. J. White
J. B. M. Winter

HOUSE APPOINTMENTS

GUY'S HOSPITAL

1st June, 1976

House Physicians

Dr. Mann, Dr. Scott and Dr. Joiner	Mr. C. A. Akle *3 months*
	Mr. M. S. Phillips *3 months*
	Mr. C. G. Pinder *6 months*
Prof. Lessof, Prof. Keen, Prof. Dowling and Dr. Maisey	Mr. P. D. Home *3 months*
	Mr. R. W. Bilous *6 months*
	Miss P. M. White *6 months*
Dr. Houston, Prof. Trounce, Dr. Knight and Dr. Grimble	Mr. P. N. E. James *3 months*
	Mr. A. J. Mayer *3 months*
	Mr. D. B. Jefferys *6 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis	Mr. J. D. McArthur *3 months*
	Mr. J. F. L. Shaw *6 months*
Mr. Lawrie, Mr. Beard and Dr. Winter	Mr. J. Dennison *3 months*
	Mr. J. E. Marginson *6 months*
Mr. Glover, Mr. O'Flynn and Mr. McArthur	Mr. I. R. White *3 months*
	Miss P.M.A. Jenkinson *6 months*
Prof. McColl, Mr. Rendall and Mr. Bewick	Mr. T. K. Lee *3 months*
	Miss J. C. Brander *6 months*

Gynaecological House Surgeons

Miss A. G. Thomas *3 months*
Miss R. L. Parry *6 months*

Throat and Ear House Surgeons

Mr. M. W. Reeves *3 months*
Mrs. J. Pinder *6 months*

Orthopaedic House Surgeons

Mr. D. J. Cole *3 months*
Mr. J. B. Karani *3 months*
Mr. D. C. Haiart *3 months*

Genito-Urinary House Surgeons

Mr. A. West *3 months*
Mr. K. G. Brame *6 months*

S.H.O. to the Renal and Transplant Unit

(S.H.O.)	Miss D. C. Phylactou *3 months*
(S.H.O.)	Dr. M. K. D'Arcy *6 months*

Children's House Physicians

(S.H.O.)	Dr. B. R. Gerard *3 months*
(S.H.O.)	Dr. S. P. A. Rigden *6 months*
	Dr. A.C.F. Margerison *3 months*
	Dr. R. F. Massey *3 months*
(S.H.O.)	Dr. M. M. R. A. Grahame *6 months*
	Dr. J. R. V. Barbour *6 months*
	Vacant *6 months*

Casualty Officers

(S.H.O.)	Dr. K. A. Grant *3 months*
(S.H.O.)	Dr. R. C. B. Odgers *3 months*
(S.H.O.)	Dr. P. A. N. Hutton *3 months*
(S.H.O.)	Dr. P. H. Kay *3 months*
(S.H.O.)	Dr. R. M. H. Faki *6 months*
(S.H.O.)	Dr. H. W. Jones *6 months*
(S.H.O.)	Dr. D. Kwan *6 months*

Resident Obstetricians

(S.H.O.)	Mr. P. T. Townsend *3 months*
(S.H.O.)	Dr. I. V. Jones *5 months*

Neurological House Physician

(S.H.O.)	Dr. R. D. Armstrong *3 months*

Dermatological House Physician

(S.H.O.)	Dr. J. G. Ayres *3 months*

House Surgeons to the Thoracic Unit

(S.H.O.)	Mr. D. D. Godbole *3 months*
	Miss E. H. Tseng *6 months*

Resident Anaesthetists

(S.H.O.)	Dr. A. R. Marsland *3 months*
(S.H.O.)	Dr. C. R. A. Bevis *3 months*
(S.H.O.)	Dr. A. H. Malone *3 months*
(S.H.O.)	Dr. P. E. Lewis *6 months*

S.H.O. to Nuffield House

(S.H.O.)	Dr. J. J. Oram *months*
(S.H.O.)	Dr. J. A. Fleischman *6 months*

House Physician in Child Psychiatry

(S.H.O.)	Dr. J. H. Pearson *3 months*

House Physicians in Psychiatry

	Dr. M. Hobbs *4 months*
	Dr. G. M. G. McClure *10 months*
	Dr. H. Gurling *4 months*
St. Olave's	Dr. K. Gillman *4 months*
St. Olave's	Dr. M. Sharman *6 months*

House Surgeon in Ophthalmology

(S.H.O.)	Dr. Z. Islam *3 months*

S.H.O. in Cardiology

(S.H.O.)	Dr. F. Akhras *4 months*
(S.H.O.)	Vacancy *4 months*

ST. OLAVE'S HOSPITAL

House Physicians	Mr. R. A. B. Perkins *3 months*
	Miss E. Caffrey *3 months*
House Surgeons	Mr. T. J. Meredith *3 months*
	Mr. S. R. Killick *6 months*
Gynaecological House Surgeon	Mr. L. D. Ross *5 months*
S.H.O. in Psychiatry	See under Guy's

NEW CROSS HOSPITAL

House Physicians in General Medicine with Geriatrics and Rheumatology	Mr. N. R. Drane *3 months*
	Mr. R. C. Parker *3 months*
	Mr. P. B. Stringer *6 months*
	Mr. T. T. Y. Lau *6 months*
Orthopaedic House Surgeons	See under Guy's
S.H.O. to the Rehabilitation Unit	Dr. O. D. Barkley *3 months*

BECKENHAM HOSPITAL

House Physician	Mr. R. N. F. Spence *6 months*
House Surgeon	Mr. P. Adams *2 months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Hartley and Dr. Thomson	Mr. K. R. Mao *3 months*
	Mr. J. R. Paterson *6 months*
House Physician to Dr. Mallinson and Dr. Blower for 3 months and Dr. Eliot, Dr. Colover and Dept. of Chest Medicine for 3 months	Mr. C. G. Langdon *3 months*
	Mrs. J. A. Langdon *3 months*
House Surgeon to Mr. Williams, Mr. Park for 3 months and 3 months with Mr. Stoker and Mr. Candy	Mr. S. K. R. Johnson *3 months*
	Mr. A. C. Stewart *3 months*
	Miss L. A. Broughton *6 months*
	Mr. R. J. A. Butland *6 months*
House Physician to Dr. Mallinson	Mr. P. N. Adams *6 months*
House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf	Mr. P. H. Fitton *6 months*

HITHER GREEN HOSPITAL

House Physicians in General Medicine and Infectious Diseases	Mr. R. J. Ede *3 months*
	Miss F. J. Odle *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Mr. S. M. Raper *6 months*
House Physician to Dr. Stott	Mr. G. Robbins *6 months*
House Physician to Dr. Staffurth	Mr. C. J. D. Maile *3 months*
House Physician to Dr. Llewellyn-Smith	Mr. R. H. K. Marsh *3 months*
House Surgeon to Mr. Lynn Evans	Miss C. M. F. Dicks-Mireaux *6 months*
House Surgeon to Mr. Ivo Smith	Mrs. S. J. Van De Pette *6 months*
House Surgeon to Mr. Le Brun	Mr. S. J. N. Daniell *3 months*
House Surgeon to Mr. Monty	Mr. C. A. Fox *6 months*
House Surgeon to Mr. Cavendish	Miss J. M. Metcalfe *3 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding and Mr. Lam	Mr. B. A. Ruparelia *6 months*
	Mr. J. Q. Trounce *6 months*
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar	Mr. P. A. Hogbin *6 months*
House Surgeon to Mr. Boxall and Miss Austin	Mr. G. W. G. Vevers *6 months*
House Surgeon to Mr. Walker-Brash, Mr. Glasspool and Dermatology	Mr. S. E. West *3 months*
House Physician to Dr. Southwell and Dr. Williams	Mrs. S. L. West *3 months*

PEMBURY HOSPITAL

House Surgeons	Mr. J. S. Tapson *3 months*
	Miss S. G. Barker *6 months*
House Physicians	Mr. T. R. D. Bell *3 months*
	Miss Z. F. Zaimi *3 months*
	Miss M. E. A. Wise *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians	Mr. J. M. Lamberty *3 months*
	Mr. A. R. Lethbridge *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott	Mr. D. H. Carman *6 months*

THOMAS GUY SCHOOL OF NURSING

State Final Examination Results
March 1976

List of Successful Candidates :

General Register

J. K. Ali
J. A. Allen
D. E. L. Bang
P. F. Barrett
G. M. Beardall
A. G. Brown
E. J. Cameron
J. E. Cummins
J. F. Dixon
J. A. Dixon
C. K. Dodwell
R. Doneo
M. E. Duncan
E. A. Early
L. M. Feltham
M. J. Finn
A. Francis
E. N. Gagani
B. M. Geoghegan
M. J. Gravett
C. J. Gubbins
J. E. Guernier
D. R. Hammond
S. B. Hanley
C. B. Hannah
J. R. Harrison
C. J. Hendry
L. M. Herrington
N. F. Hill
F. M. James
L. M. Jenkins
A. E. Jeune
S. M. Johns
J. M. Justice
W. A. C. Kittermaster
C. E. A. Lazenby
D. J. Macconachie
M. M. McDermott
B. M. Matheson
B. N. Muttur
E. J. Newall
E. O. A. Oluwole
J. M. Padwick
J. S. Parker
D. M. Pickerill
E. D. Pillar
P. J. Plunkett
S. J. Race
C. J. Redfern
S. Rowlands
J. J. Rumboll
K. J. Ryder
P. A. Salmon
C. M. Spurgin
J. S. Thompson
F. M. Thomson
R. L. Samuel
J. M. Shooter
A. R. Thorne
P. A. Thorne
S. J. Tinley
T. P. Torres
E. M. Turner
N. Unmole
A. Wallace
S. M. Watkins
V. R. Wheeler

Sick Children's Register

A. J. Bishop
E. L. M. Dilnutt
M. Gardiner
M. L. Jenkins
K. Manmohansing
S. P. A. Nurse
N. Ponnusamy

Mental Register

S. J. Barry
S. Lalljee
P. Y. Leet
K. M. Leniham
W. M. McDonald
J. W. Steer
K. F. Young

GUY'S HOSPITAL

Applications are invited from Registered Dental Practitioners for the posts of Dental House Surgeons in all Dental Departments of Guy's Hospital for the period 1st August, 1976, to 31st January, 1977. Application forms are obtainable from the Clinical Superintendent, Guy's Hospital, London, SE1 9RT, not later than 14th June, 1976.

General Duties and Mr. Haskell
General Duties and Mr. Bret Day (Resident)
Orthodontics and Children's Dentistry
General Duties and Oral Surgery (Resident)
General Duties and Mr. Macdonald (Resident)
Orthodontics and Children's Dentistry
Restorative Dentistry (Conservative Dental Surgery and Prosthetic Dentistry)
General Duties and Mr. Gibb
General Duties and Mr. Hagger
General Duties and Oral Medicine and Pathology
General Duties and Periodontology and Preventive Dentistry
Primary Treatment Unit
General Duties and Oral Immunology and Microbiology
Prosthetic Dentistry
Prosthetic Dentistry and Conservative Dental Surgery

THOMAS GUY SCHOOL OF NURSING

Cazenove Medals

The Cazenove medals for 1975-76 have been awarded as follows:

Cazenove Gold Medal—Miss J. F. Dixon.
Cazenove Silver Medal—Miss E. D. Pillar.
Cazenove Bronze Medal—Miss W. P. Aris.

B. B. White,
Director of Nurse Education.

BIRTHS

LEWIS—To John (Guy's 1948-1954) and Lorna Lewis on 7th April, 1976, a son, Richard, brother to Deborah and Harriet.

MORSMAN—To John and Valerie on 6th April, 1976, at Farnborough Hospital, Kent, a daughter, Claire.

THORBURN—To Di (Budd) and Charles on 31st March, 1976, at Burlington, U.S.A., a son, Ian Duncan.

DEATHS

Mr. C. F. Hudson, L.D.S.(Eng.), on 1st April, 1976.

Colonel Richard Harold Cotter Pryn, late R.A.M.C., on 21st April, 1976.

CHANGES OF ADDRESS

Mrs. Vivien M. Blaikley, 38 Lings Coppice, West Dulwich, London, SE21 8SY. Tel. 01-670 9811.

Dr. David Erskine, "Sutton Rise", Sutton Road, Ogmore-by-Sea, CF32 0PE, Mid Glamorgan. Tel. Southerndown (0656) 880228.

Dr. Howard and Dr. Carolyn Mowbray, Norton Lodge, 19 Locks Road, Locks Heath, Near Southampton, SO3 6NS. Tel. Locks Heath 6755 or 3037.

Dr. P. J. Nicklin, 60 Stoke Road, Gosport, Hants.

PERSONAL

ESHER, Surrey. Guy's man requires conscientious Associate, 4/5 day week. Conservative family practice, proportion private work. Use of Panorex. Box No. 15/76.

FIFTH partner required in Peterborough. General Practice. Box No. 25/76.

FOR SALE. XVth Century half timbered cottage on Redhill Common. 3/4 beds, 3 rec., Oil C.H., small garden. London Bridge and Victoria Stations ½ hour journey. £29,500. Parker, Tel. Redhill 61221.

LONDON, W.1. Spacious three-surgery practice requires Associate, full time, starting August in newly equipped surgery. Could start part time from June. Tel. 01-935 3016.

PAPERS BY GUY'S MEN

Adams, C. W. M. Progression and regression of atherosclerosis. **British Medical Journal,** 1976, **1,** 1070.

Amlot, P. L., Slaney, J. M. and Williams, B. D. Circulating immune complexes and symptoms in Hodgkin's disease. **Lancet,** 1976, **1,** 449.

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Batchelor, J. R. and others. Advanced antibody responses in active chronic hepatitis; relation to HLA-B8 and HLA-B12 and porto-systemic shunting. **Lancet,** 1976, **1,** 930.

Bates, T., Behr, A., Menzies, K. and Rendall, M. The place of early social assessment in the management of surgical patients. **Postgraduate Medical Journal,** 1976, **52,** 61.

Beavis, J. P., Parsons, R. L. and Salfield, S. Colitis and diarrhoea: a problem with antibiotic therapy. **British Journal of Surgery,** 1976, **63,** 299.

Benson, P. F., Fenson, A. H. and another. Schilder's disease: cholesterol metabolism in cultured fibroblasts. **Archives of Disease in Childhood,** 1976, **51,** 242.

Berry, D., Goulding, R. and others. Non-accidental poisoning: an extended syndrome of child abuse. **British Medical Journal,** 1976, **1,** 793.

Best, G. and McNaugh, E. Health policy. **New Scientist,** 1976, **70,** 258.

Bridges, P. K. Depression by any other name. **Postgraduate Medical Journal,** 1976, **52,** 130.

Burry, H. C., Dieppe, P. A., Bresnihan, F. B. and Brown, C. Salicylates and renal function in rheumatoid arthritis. **British Medical Journal,** 1976, **1,** 613.

Chantler, C. and another. Priorities and childhood renal failure. **Lancet,** 1976, **1,** 583.

Coltart, T. M. and Williams, C. Effect of insulin on adipose tissue lipolysis in human pregnancy. **British Journal of Obstetrics and Gynaecology,** 1976, **83,** 241.

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Gibson, T., Burry, H. C. and Ogg, C. Goodpasture syndrome and D-penicillamine. **Annals of Internal Medicine,** 1976, **84,** 100.

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Hall, J. M. Consultants' ballot results. **British Medical Journal,** 1976, **1,** 526.

Hay, R. J. and Wells, R. S. The syndrome of ankyloblepharon, ectodermal defects and cleft lip and palate: an autosomal dominant condition. **British Journal of Dermatology,** 1976, **94,** 277.

Ivanyi, L. and another. In vitro lymphocyte stimulation by wart antigen in man. **British Journal of Dermatology,** 1976, **94,** 523.

Jarrett, R. J. The treatment of diabetes mellitus. **Medicine (U.K.),** 1976, **2nd series,** 634.

Keen, H. and Jarrett, R. J. Metabolic aspects of arterial disease. **Medicine (U.K.),** 1976, **2nd series,** 652.

Keen, H. The diagnosis, epidemiology and aetiology of diabetes mellitus. **Medicine (U.K.),** 1976, **2nd series,** 629.

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Lehner, T. Steroids and oral disease. **British Journal of Dermatology,** 1976, **94,** supplement 12, 59.

Millis, R. R. and others. Biopsy of the impalpable breast lesion detected by mammography. **British Journal of Surgery,** 1976, **63,** 346.

Panayi, G. S. Antibody-mediated leucocyte cytotoxicity to Chang human liver cells in rheumatoid arthritis and other diseases. **Annals of the Rheumatic Diseases,** 1976, **35,** 27.

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Parsons, R. L. The absorption of drugs in malabsorption syndromes. **Hospital Update,** 1976, **2,** 221.

Ramsay, C. A. and another. Vascular changes in human skin after ultraviolet irradiation. **British Journal of Dermatology,** 1976, **94,** 487.

Rees, R. J. W. and others. Preliminary toxonomic studies on the leprosy bacillus. **British Journal of Experimental Pathology,** 1975, **56,** 579.

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GUY'S HOSPITAL DENTAL SCHOOL

Demonstrator in Conservative Dental Surgery

Demonstrator required to teach clinical dental students, 3 sessions a week, in the Department of Conservative Dental Surgery in Guy's Tower. Salary in range £1,191—£1,812 plus £84 London Allowance, according to experience. Further details on request from Professor A. H. R. Rowe. Applications by 21st June on forms obtainable from the Dean of Dental Studies.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before the publication date. Publication dates for the next three months are: 26th June, 31st July and 28th August, 1976.

Copy may be sent to us at 16, St. Thomas' Street, S.E.1.

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GUY'S HOSPITAL GAZETTE

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MONTHLY 26 June 1976 VOLUME 90 NUMBER 2259

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

MAD DOGS AND ENGLISHMEN

In the last few weeks there have been at least three separate reports published in the medical and popular presses of men killed by rabies. In each case the disease was contracted outside the United Kingdom—in this country we still have no rabies.

British wildlife must surely rank amongst the friendliest in the world. Because, whatever may be said about the national characteristics of the British people—and I suppose there are some unkind souls who might find something uncomplimentary to include—our wildlife is truly benign. Excepting the adder, whose bite is rarely fatal, and bees' and wasps' stings in those unfortunates who are hypersensitive to them, we have no ferocious natural killers on these islands—no fearsome spiders lurking under the larches, no coiled cobras swinging from the sycamores, no painted jaguars skulking in the cornfields. In fact, there probably isn't even a dragon dozing in the caves at Tintagel any more. And there is no rabies to spoil our friendship with the furry friends around us. Perhaps there is reason for our much vaunted love of animals. Long may it last. There is no reason why it should not—the *only* way rabies virus can invade our shores will be if it is brought here by the one truly dangerous animal in Britain—man.

With the rhabdovirus marching across Europe towards us at a rate of perhaps thirty miles *per annum*, there is good reason for the sudden increase in concern about the disease it causes. There is no argument to justify modification of our present quarantine laws. Indeed, there

is every reason to tighten them and particularly their enforcement. Especially now, as more and more people think nothing of flitting across the Channel for the day and the private yacht has replaced the motor car as today's status symbol. No one must be allowed to slip an animal, pet or vermin, into this country without quarantining and the penalties for any potential smugglers of death must be severe.

Letters published in the daily press from people genuinely believing themselves to be animal lovers have complained about the "cruelty" of quarantine—a cruelty perhaps more to the owner than to his pet. The writers suggest that enforced vaccination of all pets would be an acceptable alternative.

We must not be allowed to sink into complacency. The rabies vaccine is not and cannot be an alternative at all. It is by no means 100% effective and it is only of use in controlling communication of disease from wildlife to pets to man in a country where rabies is already established. Is there really anyone who is prepared to accept with equanimity the prospect of rabid animals roaming the countryside—with the cold comfort that the household cat is—hopefully—immune? Can our vociferous pet "lovers" really contemplate with calm a future of muzzling their dogs, forbidding their children to feed the squirrels in the park and sanctioning the destruction of all susceptible animals found without adequate proof of vaccination? For these are necessary and wise precautions in a country where rabies is indigenous, but to us, free now, evils better avoided. If we abolished quarantine and permitted immigration of all animals provided that they had evidence of vaccination, rabies would soon spread through Britain as it is spreading through Europe. The flaws in such a scheme are many and obvious. It would need only one animal carrying the virus to enter the country to transmit the disease to our free-living wildlife—animals which we could not vaccinate and which we would not wish to destroy wholesale. Has the carnage at Camberley, Surrey, in 1969 been forgotten so soon? How many must suffer for how few?

It is literally vital that rabies does not gain a foothold in this country. It has been and can long continue to be totally excluded from this country by no more complicated means than maintaining our present quarantine laws. But these must be rigorously enforced and people must be made aware of the risks to which they might carelessly expose our entire population. A vigorous advertising campaign both at home and abroad is required and one is indeed under way. If people understood the rationale of our legislation and the inappropriateness of a system of vaccinations only to Britain, perhaps they would be happier to comply.

The British have long been accused of being "insular". In this one instance, for our sakes, may we long continue to be so.

NEWS IN BRIEF

Consultant Appointment

We offer our congratulations to Dr. D. Tong, M.B., B.S., M.R.C.P., D.M.R.T., on his appointment as Consultant in Radiotherapy and Oncology to the Guy's Health District. The appointment takes effect from 1st September of this year.

Mr. Ronald Cooper

Mr. Ronald Cooper, Principal of the School of Physiotherapy, who has been an elected member of the Physiotherapists Board since 1968, has this year been appointed Chairman of the Board and its representative on the Council for Professions Supplementary to Medicine. The Board is responsible for the registration of physiotherapists—a condition for employment in the National Health Service—for approval of training courses and examinations and for the maintenance of professional standards.

Guy's has a further interest in the Council for Professions Supplementary to Medicine in that Prof. Ian Macdonald is a member of the Dietitians Board.

"Gray's Anatomy"—35th Edition

Professor Roger Warwick and Professor Peter Williams were presented with the 100,000th volume of the 35th edition of *Gray's Anatomy* by the managing director of Longman's, the publishers, on Tuesday, 25th May. A small party was held at the Longmans offices in London for the people involved in the writing of the book. As we have mentioned previously, this new edition has been an outstanding success and has already won several prizes. Roger Warwick and Peter Williams are presently editing the 36th edition.

Ballantyne Prize

Congratulations to Dr. J. A. Fraser Roberts, C.B.E., F.R.S., F.R.C.P., F.R.C.Psych., who has been awarded the Ballantyne Prize for 1976. The prize, awarded triennially, was established in 1970 by Dr. Helen Russell, F.R.C.P., in memory of the late Dr. J. W. Ballantyne, for outstanding work on "The Pedigree of Disease" or "The Inheritance of Disease", and Dr. Fraser Roberts has won it for his work in this field.

Christian Union

The Christian Union held a highly successful free concert on Tuesday, 25th May, 1976. Folk singers, Dave Pope and friend, delighted an audience which filled the Ballroom in the East Wing. Coffee was provided for the guests—for which many thanks to the noble ladies who provided it!

Music Club A.G.M.

The Music Club announce that their A.G.M. will be held on Tuesday, 6th July, at 5.00 p.m., in the Table Tennis Room of the East Wing. All Music Club members are asked to attend.

League of Friends of Guy's Hospital—Annual General Meeting

The League of Friends of Guy's Hospital held their Annual General Meeting on Wednesday, 26th May. Following the apologies, Miss James, "Sister Janet", was congratulated on her 80th birthday. She has always been and still is a very active member of "the Friends" and the entire meeting applauded her and wished her well.

Mrs. Hutton gave the report on the Services branch which had as usual run smoothly and successfully throughout the year, providing patients with the little extras that help to improve their stay in hospital. Mrs. Coleman gave the report on the Flower Shop on behalf of the director, Mrs. Helliwell. Over the last year the sales in the Flower Shop have trebled, with profits of over £2,000. Mr. Edwards gave a very favourable report on the accounts in which a large amount of money had been given to Medical Research at this Hospital and an impressive array of gifts had been purchased for the use of patients. Mr. R. J. Cann then gave an extremely interesting speech, full of anecdotes, concerning Guy's in 1924 and his experiences as a young doctor in those times. Miss B. M. White, Divisional Nursing Officer, proposed a vote of thanks to the "Friends" on behalf of the Hospital.

The Chairman, the Hon. Mrs. MacBeath, closed the meeting, proposing a vote of thanks to the speakers, Mr. R. J. Cann and Miss B. M. White. Tea was then served in the Nurses' Home where the draw for the Derby Sweepstake was also held. The afternoon was rounded off with a guided tour of the Tower Block for all those who wished to go.

Orchard Lisle Swimming Pool Opening Times

Monday :
8.30 a.m. — 7.00 p.m.
7.00 p.m. — 8.30 p.m. Students' Swimming Club.

Tuesday :
8.30 a.m. — 7.00 p.m.
7.00 p.m. — 8.30 p.m. Nurses and Staff Swimming Club.

Wednesday :
8.30 a.m. — 7.00 p.m.
7.00 p.m. — 8.30 p.m. Students' Swimming Club.

Thursday :
8.30 a.m. — 7.00 p.m.
7.00 p.m. — 8.30 p.m. Nurses and Staff Swimming Club.

Friday :
8.30 a.m. — 8.30 p.m.

Saturday :
8.30 a.m. — 3.30 p.m.

Sunday :
Closed all day.

Last tickets sold ½ hour before closing time.

B.Sc. Dinner

The B.Sc. Dinner for Guy's graduates will be held on Saturday, 2nd October, 1976, at 7.30 p.m., in the Robens Suite, Guy's Tower. It will be a buffet dinner for 150 people. The approximate cost, including wines, will be £6.00. Invitations will be sent out to all Guy's B.Sc. graduates and, because of the restriction of numbers, it is hoped that replies will be sent to Professor Roger Warwick as soon as possible.

Commemorative Edition of the "Gazette"

At a recent meeting of the *Gazette* Committee, it was decided that all subscribers to the *Gazette* at the time of publication of the special edition would receive a free copy. The publication date will be in September and will coincide with the first anniversary of the opening of Guy's Tower. Initially, 6,500 copies of the book will be printed, the majority allocated to subscribers. The book will cost £2.00 (plus 50p postage and packing). It will be distributed personally to the medical and dental students at the beginning of the Winter Term and the remaining copies will be on sale in Guy's on a "first come, first served" basis. Some have already been reserved. Further details may be obtained from our Manager, Mrs. Lyn Payne.

Summer General Meeting of the Students' Clubs' Union

This was held on Friday, 11th June, in the Ballroom, at 1.00 p.m. The retirement of Dr. T. J. Gibson from the post of Senior Secretary, on his appointment to the Consultant Staff, was reported, and Mr. J. G. Payne was elected to this post. David Markwell, the Vice-President, then presented two reports on external affairs, one concerning the S.R.C. at U.L.U., and the other concerning various medical student groups. The motions, approving of the action taken and instructing that future action should proceed along the same lines were passed in both instances. Two motions on the agenda for the coming S.R.C. meeting were then debated and the meeting declared its support for the motions, which concerned the proposed grant increases and the proposed sit-ins by the teachers in support of more jobs.

The meeting adjourned promptly at 14.00 hours, due in no small measure to the Chairman, Dr. R. S. Wells.

NOTICE

RESIDENTS' PLAY 1976

"Ali's in Wonderland"

Greenwood Theatre on 4th, 5th and 6th August
at 8.00 p.m.

Ticket applications to Dr. J. Pearson, c/o E. Wing, Guy's Hospital.

As on previous occasions, no charge will be made for tickets but all donations will be gratefully received. Cheques should be made payable to "Guy's Hospital Residents' Fund".

CLUBS' UNION NEWS

Summer General Meeting

This was held on Friday, 11th June, at 1.00 p.m. in the Ballroom. As usual, there was great difficulty in persuading people that student politics concerned them. This was especially annoying as, for the first time for a few years, there were items on the agenda that needed an answer from the students. The question of the representation of Guy's students at U.L.U. is a very important one. The S.R.C. (Student Representative Council) is the body to which the University Senate looks for student opinion. At the moment, it appears from S.R.C. policy that the students of London University (among which we number, and are known to number, whether we like it or not) are all radical left-wingers, bent upon disruption and other measures for the achievement of various aims and who condone and support various terrorist organisations around the world The students were asked on Friday to say how they wished to be seen by Senate—whether to fall in with the *hoi polloi*, or whether to stand out as disagreeing with the proposed S.R.C. policy, when it diverged from their views. This is one of the more important things that the students have been asked to do for some time. It might be said that, as the elected representatives of Guy's students, we should vote according to our views (on the M.P. principle).

Voting on the M.P. principle was tried two years ago by David Fine and Jane Bailey. The motions concerned were :

(1) in support of some industrial action that N.A.L.G.O. was taking, and barring any students from temporarily taking on any work previously done by a N.A.L.G.O. member;

(2) in support of the Essex students, pledging full support, and urging all member Unions to provide students to man the picket lines;

(3) concerning the coming Rugby tours in South Africa of the British Lions, and the Cambridge University team, urging active opposition, and the lobbying of the Minister for Sport.

David Fine and Jane Bailey committed Guy's students to backing the motions, and the students felt that they didn't like this, especially as they had not been consulted first. At the following General Meeting, a motion of censure was passed. It also required that students be consulted about any future decisions on external affairs. David Markwell and I do not wish to lay ourselves open to such a motion, and so we need to know what the students think.

It was perhaps fortunate that the S.G.M. happened to come up shortly before an S.R.C. meeting. This can only happen once a term, and there are three S.R.C. meetings a term. To get round the problem of consulting the students, it is proposed to put up a notice in the East Wing, listing the motions, and inviting signatures for and against. Another way of approaching the situation is to call an E.G.M. before each S.R.C. meeting to discuss the agenda. For this

to work, it requires at least 100 people to be present. Being quorate would obviously be a major stumbling block, which could be removed by reducing the quorum to 50—i.e., 5% of the electorate, in line with most other London colleges. Whether this is a good idea is debatable: it depends upon whether there are 100 students who care about themselves sufficiently to turn up on a Thursday lunchtime—when there are no lectures or combined rounds—for half-an-hour or so. On the other hand, by reducing the quorum to 50, in all probability the meetings would be quorate, and one might get more people there than would sign a notice (and therefore be more democratic, perchance?). Personally, I don't think that reducing the quorum to 50 is a good idea; if people will sign the notices three times a term in sufficient numbers, then the question won't arise.

Summer Ball: Friday, 4th June.

I would like to thank all those who came along to the M.V. "Royalty", so making the event the success it was. I trust they all enjoyed themselves. If not, please let me know, as it is always helpful to get some feedback on functions such as these, so that the next time one can arrange something better; all comments will therefore be gratefully received.

The next Ball on the agenda is the Snowflake. Start thinking about it now and if you want to help, let me or Francis Hughes know See you there.

Tim Palmer.

NOTICE

GUY'S HOSPITAL MOTOR CLUB

The Motor Club is at last off the ground and I would like to announce that we have a committee of five people, namely, Mr. G. Butcher, Mr. R. D. Davies, Mr. J. Pieniazek, Mr. M. Crawley and myself, Graeme Bunker.

I am afraid that the activities were low this term due to the fears of exams. But at least the Hop on 5th June was a financial success, which gives us some workable funds.

We now have regular meetings on the first Tuesday of every month, at 7 p.m. (normally in the table tennis room, East Wing). At these meetings we will have some form of entertainment which will range from films to intra-club competitions. In addition to these regular meetings we hope to organise some outside activities such as treasure hunts, autotests, 12 car rallies, and excursions to various events of interest to club members. The club also hopes to be able to offer mechanical advice and provide a pool of enthusiasts who are willing to help other members.

The club is open to all members of Guy's Hospital and we will welcome your presence at any of our meetings. If you have any questions please approach anyone on the committee or myself via the pigeon holes in the East Wing.

G. S. G. Bunker.

Dr. C. HARDWICK, M.D., F.R.C.P.

Christopher Hardwick was appointed Physician to Guy's Hospital in 1947 and was one of a group of distinguished men who qualified in the immediate pre-war years and were thus able to combine the best of medicine in the 1930's with the very considerable changes which occurred after the war. He was a Cambridge graduate who did his clinical training at the Middlesex Hospital where he became a Medical Registrar and was later also Registrar at Great Ormond Street. After serving in the Royal Air Force as a Medical Specialist he entered consultant practice.

Christopher Hardwick combined a deep clinical knowledge with wide experience. Throughout his career he remained a general physician but he developed a special interest in diabetes and under his guidance the Diabetic Clinic became an active and important part of the out-patient service. He was willing to be as *avant-garde* as any professor but only if there was good evidence that it was justified.

Like most good physicians Christopher Hardwick could recall with ease the details of his patients, not only their ill health but also their lives, interests and background. This was all part of his approach to medical practice and his care and interest for the whole patient: he was a physician in the full sense of the word. He took a deep interest in those working for him. He knew and remembered the registrars, housemen and students past and present and had a surprising fund of information about their progress. He was particularly a champion of the nurses. He was their physician for many years and on innumerable occasions would do battle with bureaucracy on their behalf and right some wrong. He took considerable trouble to find out from his ward sisters their problems in running their wards and helped in many ways to make their task easier.

Over the years he received many distinctions. He did his full stint of examining including the M.R.C.P. He was a member of learned societies and was particularly active in the British Diabetic Association of which he has been Chairman since 1974. He was a member of the Council of the Royal College of Physicians and of the Board of Governors of Guy's.

This brief recital of achievement gives, however, only part of the picture of Christopher Hardwick. He was a loyal colleague and a good friend who could always be turned to in need. He was a knowledgeable and enthusiastic gardener and many have enjoyed seeing his beautiful garden when it was opened in aid of the Diabetic Association. We wish him and his wife every happiness in his retirement. One thing is certain. Guy's loss will be his garden's gain!

J.R.T.

RICHARD BRIGHT
1789 — 1858

Rodger G. C. Martin

Of all the physicians in the early nineteenth century the name of Richard Bright stands out as one of the greatest. With Addison and Hodgkin he formed the triumvirate which was to make the name of Guy's Hospital famous throughout the world. Long after they had gone their teaching and methods persisted at Guy's, handed down right to the present day: the standards they set have been looked up to by all future doctors working in the Hospital.

Bright was born in Bristol in 1789, the son of a wealthy banker. Consequently he received an excellent education and the opportunity to travel. In 1809 he entered Edinburgh University to study medicine, botany, mathematics and zoology. It is of interest to note here that Astley Cooper, Addison and Hodgkin also received their medical education at this establishment, which was the foremost centre of medical learning at the time. After a year, however, he interrupted his studies and joined Sir George Mackenzie's scientific expedition to Iceland, where he contributed to the knowledge of the flora and fauna of that island. This was the first of many expeditions which he undertook. Like Hodgkin, he manifested a love of travel and in 1814, a year after graduating from Edinburgh, we find him making a tour of Holland, Belgium and Germany, attending hospitals and meeting physicians in these countries. In Vienna he became very friendly with Johann Peter Frank, at that time well into his 70's but still the most respected physician at the Viennese School of Medicine and remembered today for his pioneering work in public health. The next year (1815) found Bright in Hungary, at that time unknown territory to most Britons. He wrote an interesting account of his trip, "*Travels from Vienna through Lower Hungary*". The book is an excellent account of the social and economic conditions in Hungary and is illustrated with numerous charming full page sketches by Bright himself, showing that he was a creditable artist possessing much taste in art. This artistic talent of Bright, his ability to see clearly and to draw accurately what he saw, was of inestimable value to him in his study of pathological anatomy.

In 1820, after a short spell at the London Fever Hospital, he was appointed assistant physician to Guy's Hospital and in 1824 he was made a full physician—a post he held until 1843 when he retired to devote his time to private practice. For years he used to work for six hours a day in the wards and post mortem room, besides lecturing on materia medica and clinical medicine. In later years when his large practice absorbed most of his time he looked back with nostalgia on the days when he could spend most of his time in the Hospital. In 1827, after seven years of intensive study, he published his "*Reports of Medical Cases selected with a view of illustrating the Symptoms and Cure of Disease by a reference to Morbid Anatomy*"; this contained his original description of glomerulonephritis and

immediately established his reputation all over Europe. White clouds in the urine had been noticed by Hippocrates 2000 years earlier; Saliceto, an Italian surgeon, had pointed out the association between the urine and small hardened contracted kidneys as early as 1476; but Bright was the first to connect these symptoms with the peculiar inflammation of the kidneys which he found in so many post mortems. In work of this kind he showed himself to be a great pathologist and as an original delineator of disease he ranks next to Laënnec. "Bright could not theorize" says his biographer, Wilks, "but he could see, and we are struck with astonishment at his powers of observation as he photographed pictures of disease for the study of posterity".

In 1842 he persuaded Harrison, the very powerful Treasurer of the Hospital, to set aside the whole of both the male and female wards, fifty-two beds in all, for the admission of cases of renal disease only, and they were under the care of Bright. "This", as he says, "is the first experiment which, as far as I know, has yet been made in England to turn the ample resources of a hospital to the investigation of a particular disease, by bringing the patients labouring under it into one ward properly arranged for observation."

The range of the subjects of Bright's contributions to medicine is very extensive. His industry was indefatigable and he wrote articles in the *Guy's Hospital Reports* on pancreatic diabetes, acute yellow atrophy of the liver, acute otitis and some striking plates of the pathological lesions in typhoid fever. Bright's works taken together form one of the most important contributions to morbid anatomy ever made. Most were illustrated with admirable plates, often by his own hand. He inspired many younger men to aid him in his researches and was always careful to acknowledge the assistance given.

Bright was the leading consultant of his day and was probably consulted in a larger number of difficult cases than any of his contemporaries; he was also well known abroad—probably better than any other physician of the time—and needless to say he received many honours both here and abroad. He contributed more perhaps than anyone to form the medical opinion of the day, and, at his death all felt that the medical profession had lost one of the most original, observing and philosophical minds. From early manhood he was animated by a genuine love of truth and an unswerving sense of duty. He possessed a fine nature; an affectionate and uniformly cheerful disposition; his intellectual characteristics evinced a certain simplicity with which he viewed objects without prejudice. Although he wasn't as revered a teacher as Addison he was much more friendly. However, he had his enemies; the *Lancet* attacked Bright and Addison as dull pompous teachers and suggested the students should go to St. Thomas's—this is somewhat unjustified and is due in no small part to Thomas Wakeley's inferiority complex about the teaching hospitals.

In 1858, Bright died from aortic stenosis and in a brief notice in the *Medical Times and Gazette* for 18th December, 1858, are the words: "Richard Bright rests from his labours . . . He now takes his place among our 'Great Ones of the Past'." Truly an extraordinary man and one of the triumvirate who helped put Guy's where it is now.

QUODLIBET SOCIETY

A disappointingly small audience of about 40 students and staff gathered on Tuesday, 25th May, to hear Dr. Bynum talk about the early history of Guy's Hospital. Possibly many felt that after our 250th anniversary there was little more that could or need be said on the subject. If so, they were mistaken, for Dr. Bynum gave an original and controversial presentation which, if it failed to provoke the expected rain of tomatoes, at least left some intriguing questions in our minds.

Dr. Bynum has two attributes which favoured the critical objectivity of his approach—he is an American and an anatomist at University College. He first examined the life and character of Thomas Guy, concluding that he was an able businessman, even if his dealings occasionally showed a somewhat unacceptable face by today's standards. He preferred to call Guy prudent rather than philanthropic—he was even known to give money to St. Thomas's.

The 18th century hospital was examined in its social context, revealing amazing contrasts to later practice. Very selective admission procedures, authoritarian rules concerning behaviour and religious observance and shared beds were features of hospital life in those times. Dr. Bynum concluded that 18th century hospitals had but a slightly beneficial effect on the general health of the community. However, no one can doubt the long-term benefits that have resulted from the prudence, if not philanthropy, of Thomas Guy.

In demonstrating that history is not merely a collection of ascertained facts but a matter for debate and controversy, Dr. Bynum has added an interesting postscript to our 250th anniversary.

Next meeting : A London students' brass ensemble will be giving a varied concert of music, ancient and modern, in the Guy's Tower Lecture Theatre on 8th July. Details to be announced.

P.J.R.

GUY'S HOSPITAL PHYSIOTHERAPY AND RADIOGRAPHY ASSOCIATION

A meeting of the Association was held on Saturday, 22nd May, 1976. Numbers were restricted to a hundred members who in the morning were able to visit the Greenwood Theatre, Student-Accommodation in Wolfson House and sections of the Tower, before being entertained to lunch by the Hospital in the Robens Suite. In the afternoon, Dr. Brian Neville led a symposium on the Comprehensive Care of Handicapped Children which was followed by the Annual General Meeting at which Miss E. M. Stephens was elected President of the Association. It was resolved that the Association would endeavour to hold similar meetings at two-year intervals with a Friday evening Sherry Party in the alternate years.

REVISED TIMETABLE
SECOND CLINICAL YEAR

WEEK 1	3	13	23	33	43	45	54 *
SECOND YEAR CLINICAL TEACHING BLOCK	Obstetrics & Gynaecology & Venereology	Regional Appointment (Obstetrics, Medicine & Surgery, General Practice)	Psychological Medicine and Child Psychiatry and General Practice	Paediatrics with Child Psychiatry	TWO WEEK FIXED HOLIDAY	Dermatology/Urology/ Community Medicine/ General Practice/ Fevers Course	
	Dermatology/Urology/ Community Medicine/ General Practice/ Fevers Course	Obstetrics & Gynaecology & Venereology	Regional Appointment (Obstetrics, Medicine & Surgery, General Practice)	Psychological Medicine and Child Psychiatry and General Practice		Paediatrics with Child Psychiatry	
	Paediatrics with Child Psychiatry	Dermatology/Urology/ Community Medicine/ General Practice/ Fevers Course	Obstetrics & Gynaecology & Venereology	Regional Appointment (Obstetrics, Medicine & Surgery, General Practice)		Psychological Medicine and Child Psychiatry and General Practice	
	Psychological Medicine and Child Psychiatry and General Practice	Paediatrics with Child Psychiatry	Dermatology/Urology/ Community Medicine/ General Practice/ Fevers Course	Obstetrics & Gynaecology & Venereology		Regional Appointment (Obstetrics, Medicine & Surgery, General Practice)	
	Regional Appointment (Obstetrics, Medicine & Surgery, General Practice)	Psychological Medicine and Child Psychiatry and General Practice	Paediatrics with Child Psychiatry	Dermatology/Urology/ Community Medicine/ General Practice/ Fevers Course		Obstetrics & Gynaecology & Venereology	

*Clinical teaching Block II at the beginning of the third clinical year is shortened by two weeks to accommodate the 54 week course.

NEW CLINICAL COURSE

REVISED CURRICULUM—SECOND CLINICAL YEAR

The timetable for the Second Clinical Year has been re-arranged following difficulties experienced with the original proposals.

The revised timetable, a copy of which is facing, based on 10 week appointments has been agreed by all the interested parties including the Clinical Curriculum Working Party and approved by School Council. It is important to note the following:—

1. General Practice teaching is now present in all firms. One day each week is provided by the Psychiatry Firm for students to visit Thamesmead and this time will include a substantial amount of Psychiatric teaching. General Practice will also be taught for one session a week in the mixed speciality firm and integrated teaching will take place between General Practice and the speciality in the Obstetrics and Paediatric Firms.
2. Child Psychiatry will be taught in both the Psychiatry and Paediatric Firms.
3. Some teaching will need to take place on Wednesday afternoons.

T. J. H. Clark, *Chairman, Clinical Curriculum Working Party.*

PRIZE WINNERS OF 1976

Pre-Clinical Prizes

Prize in Pharmacology—*J. P. O'Hare and Miss S. P. Smith, bracketed equal.*

Michael Harris Prize in Anatomy—*M. D. Stringer.*

Sands Cox Scholarship in Physiology—*J. P. O'Hare.*

Clinical Prizes

Larkin Prize in Medicine—*D. B. Jefferys.*

Gillespie Prize in Psychological Medicine—*M. J. Tidman.*

Treasurer's Medal and Tewfik Prize for Surgery—*D. B. Jefferys, G. Robbins (certificate).*

Charles Forster Prize in Cardiology—*O. L. Duke.*

Charles Oldham Prize in Ophthalmology—*Miss H. E. Cole (1st), A. P. Plumb (2nd).*

Jean Morden Prize—*S. Large.*

Beaney Prize in Clinical Pathology—*S. Large (2nd).*

Treasurer's Medal and Prize and Baldwin Prize in Clinical Medicine —*D. B. Jefferys.*

Gilbert Prize in Rheumatology—*M. J. Brown.*

Golding Bird Bronze Medal and Scholarship in Obstetrics and Gynaecology—*C. Kingswood, J. Rivett (certificate).*

NURSING

THE PROBLEM OF ACCOMMODATION FOR NURSES

One of the conditions inherent to the employment contracts of nurses is that residential accommodation will be provided if it is required. This condition has traditionally applied to both student and trained staff, and is of course related to the fact that the working hours must cover the full twenty-four hour period, and that travelling during "unsocial" hours is extremely difficult. Furthermore, even in this day and age, nurses are sometimes required to change from day to night duty with only a few hours warning.

The system of providing accommodation functioned very satisfactorily until about three years ago. At that time two events occurred, which radically altered the situation, the effects of which are still being experienced.

Firstly, that was the time when inflation began to increase dramatically. As a result, nurses, and in particular students, discovered that they could not afford to maintain their flats. They had not, of course, received the Halsbury pay award at that time.

In the second place, there was at that time a change made to the Rent Act, which afforded much greater protection to tenants in furnished accommodation. Landlords responded to this by ceasing to make their property available and the amount of accommodation within the London area was considerably reduced. In addition, many property owners prefer to have University students as tenants, since they are away during vacation for long periods.

The somewhat rapid change in the situation found the hospitals unprepared and the response to the crisis varied considerably but, generally, was in accord with the importance normally attributed by the individual authorities to ensuring adequate provision for their staffs. Those who normally give the matter high priority reacted swiftly and acquired hotels for their staff. Those who do not consider it necessary to provide adequate staff accommodation prevaricated and as a result are now experiencing extreme difficulty in providing accommodation, and are even in some cases refusing to employ trained staff if they wish to reside at the hospital.

As a result of this, a somewhat paradoxical situation has arisen. On the one hand nurse recruitment is experiencing its best period for a very long time. However, on the other hand, the best of these recruits are likely to be deterred by the accommodation provided.

It would seem that the situation in London is unlikely to improve within the foreseeable future and it would therefore seem expedient for those authorities which have so far been dilatory to consider seriously how they should best provide for their nursing staff, since without these people the hospitals would cease to function.

PHYSIOTHERAPY

BLENDING AND MATURING

In the Guy's Health District there are nearly 200 in the physiotherapist category, although the largest proportion (134) of these are students in training in the School. They are not, however, to be discounted, because they contribute somewhere over 1,500 hours treatment of patients each week under the supervision of the teaching and senior grade staff. The trained staff include 13 members of the School and about 50 clinical physiotherapists of whom over half work in Guy's itself. The remainder staff the departments in New Cross, St. Olave's and the Dunoran Home. With the exception of a handful at Charlton Park Physically Handicapped School and the Neurosurgical Unit at the Maudsley and a rather larger number at Lewisham Hospital, the students work alongside these physiotherapists in the District.

They, the students, are naturally our principal source of recruitment and of those staff currently in post just over half trained at the Guy's School, but we are fortunate in being able to blend them with the product of other Schools thus preventing excessive in-breeding and introducing different ideas and approaches, to the mutual benefit of the staff and to the advantage of the patients whom they treat.

This mixture is particularly apparent in the Superintendent and Senior grades where the ratio is 3 : 2 between non-Guy's and Guy's trained staff and since these are the ones who oversee the bulk of the students' clinical practice, we have a healthy situation whereby any tendency to become ossified in our attitudes can be redressed.

It is also encouraging that we have gained newly-qualified staff from outside to work together with our own former students, and in the basic grades about one-third have come to us from other Schools, so that we have not had exclusively to devour our own young, so to speak, in order to maintain adequate staffing levels. By the same token, it has meant that we have been able to offer employment to the "cream" of our qualifiers, so that to be appointed to the District Staff has a certain cachet and is not regarded as a matter of little consequence.

It is important to realise that the first post-qualification years should continue the education of physiotherapists, who, after all, have barely had time to absorb the basic techniques and understanding of their profession, and this is a fact appreciated in this District. Having the good fortune to be staffed in the Senior ranks by experienced, interested and enthusiastic therapists, we are able to rotate the juniors through a variety of posts so that they can build up their own skills and develop their abilities with the guidance of their colleagues. Guy's has, furthermore, recognised the value of sending its staff on further-education courses, and it is the practice for any physiotherapist attending one of these to report back the information she has gained to the rest of the staff at regular meetings which are held so that her experience can be shared.

BOOK REVIEWS

"The Menstrual Cycle", by E. W. Wilson and P. I. C. Rennie. Pp. 70. Price £1.50. Published by Lloyd-Luke, London.

Much time is spent by gynaecologists, general practitioners, family planning specialists and others in seeking to influence or modify the ovulation cycle and the menstrual cycle. This book of 70 pages summarises the basic knowledge needed by the medical student and others whose work will include this field and to those involved in sex education. It should be available to all these but, in my opinion, is not a book which will be bought in addition to standard works by medical students who have access to a library.

E. David Morris.

"Cysts of the Oral Regions", by Mervyn Shear. Dental Practitioner Handbook No. 23. Pp. 169. Price £4.50. Published by John Wright and Sons, Bristol.

This is one of the latest monographs on dental topics in a useful and comprehensive series. It will prove of value to many people and Professor Shear deserves praise for spending his sabbatical leave so fruitfully.

A large number of lesions are discussed as the author's definition of a cyst does not require that it be epithelial-lined. The result is a wide-ranging classification, modified from that recommended by the W.H.O. It is, however, rational and useable, unlike some of its forerunners.

Each entity is clearly defined. Data is provided from the author's own material and the literature, on incidence, site, frequency, sex, age and racial distribution, clinical and radiographic presentation, pathogenesis, behaviour and treatment.

Clinical photographs and photomicrographs are monochrome but carefully chosen and demonstrate specific features of the lesions. Radiographs are well reproduced and diagrams understandable.

The author has presented current theory and research investigations of the aetiology and pathogenesis of various cysts thoroughly (and fairly) without obscuring the important practical information. From my own point of view the most valuable aspect of this book is the drawing together of all of this information in one volume and the ten pages of up-to-date references. It should be required reading for undergraduate, post-graduate, teacher and practitioner concerned with the treatment of oral disease.

W. H. Binnie.

STERILE PRODUCTS UNIT, PHARMACY, GUY'S

This unit will be closed for up-grading for two months from late July during which time only a very restricted service can be provided. This is as follows:

(i) *Sterile products normally stocked in pharmacy* available at present levels of demand.

(ii) *Sterile products required for animal use*—No service.

(iii) *Special products for individual patients* including irrigation, eye drops and injections—limited service.

Departments and medical staff using sterile products made in the unit are asked to assess their requirements up to the end of September and to inform the Pharmacy on extension 2852 by the 11th June, where every effort will be made to supply them with adequate stocks.

CORRESPONDENCE

Administration in Medicine

SIR,—As a group of Guy's men who attended the Biennial Dinner in the Festival Marquee in the shadow of the new Guy's, we should like to thank the organisers for a memorable evening.

The old place looks a bit different, but its attitudes and standards happily seem to be unchanged. We would like to record our total support for the sentiments so ably expressed by Sir Hedley Atkins in his speech after dinner. The role of administrators is in danger of overshadowing the importance of the patients and their medical and nursing attendants. We would like to see Sir Hedley's words widely publicised; perhaps they might help to reverse the trend of administrators taking pride of place, particularly on occasions when Royal Patronage is extended to a hospital such as Guy's.

Yours faithfully,

R. G. NOTLEY, P. S. BOULTER, J. D. CARROLL, F. A. W. SCHWEITZER.

Surrey Area Health Authority,
Royal Surrey County Hospital,
Farnham Road, Guildford, Surrey GU2 5LX.

Residents' Play 1976

SIR,—In this year of the 250th Anniversary of Guy's, with its ancient traditions of which we are all so proud, I am delighted to announce that one has not passed away.

Yes, Folks! Mess, Bar and Mess proudly present in glorious melodrama and quadraphonic pins "Ali's in Wonderland", a tale of an Arabian Knight, filled with suspense, intrigue, greed and jealousy, set in a well known London teaching hospital (any resemblance to persons practising and/or dead is entirely contrived). So, cancel your holidays to the Bahamas or Bognor, bring your favourite au-pair girl, gamekeeper, wives, husbands and children, and make a special trip to see the Residents' Play 1976. Seriously, the Residents are putting a lot of effort into this, their debut in the Greenwood Theatre, and we are depending on the support of everyone connected with Guy's throughout Britain. Details are in this issue of the *Gazette*.

c/o East Wing,
Guy's Hospital, S.E.1.

Yours faithfully,

JOHN H. PEARSON,
President of the Residents' Mess.

The Friends of Guy's Hospital.
Derby Sweepstake.

SIR,—I was requested to run a Derby Sweepstake on behalf of the "Friends of Guy's Hospital."

Those of us who know Guy's so well are aware of the draught that blows through the Colonnade on most days of the year. Yet for several weeks prior to the Derby a willing band of lady workers sat at a table in the Colonnade, trying to keep warm by means of a heater that had been provided by Mrs. Margaret Campbell, selling tickets to Patients, Visitors and Staff. As a result of their splendid efforts and those of the Executive Committee and their friends, a sum in excess of £3,000 is to be devoted to the Children's Departpents of the Hospital.

I must pay tribute to this willing band of workers for their tremendous support, and particularly to Mrs. McGlone, the Organiser of Voluntary Services, Mrs. Coleman, Secretary of the "Friends", and Miss Phyllis Lowe,

for the help they gave, far beyond the call of duty. I must also place on record my sincere thanks to the Portering Staff for their cheerful co-operation at all times which enabled everything to run so smoothly.

To the winners I say "congratulations" and to the losers, "better luck next time".

Yours faithfully,

LYDIA FRANKS.

9 Fairacres, Roehampton Lane,
Roehampton, S.W.15.

Ludwig Wittgenstein

SIR,—Your correspondent, J. E. Dussek (29th May, 1976), asks whether any staff of the Pharmacy can provide details of Wittgenstein's sojourn at Guy's. We do sometimes receive enquiries from potential biographers, and our only information, which I quote below, is based on the memory of Mr. S. F. Izzard who worked here at that time and who retired in 1972.

"He was introduced to us by Dr. Ryle, a Consultant Physician, and was first employed as a Pharmacy Porter. After a short time he accepted a post of Pharmacy Technician in the manufacturing laboratory, where he remained for the rest of his stay at Guy's. Although he was quite unfamiliar with this kind of work he tackled it with enthusiasm and quickly mastered the techniques. On leaving Guy's he took a post at the Royal Victoria Infirmary, Newcastle."

I am sorry that I cannot supply your correspondent with reminiscences or anecdotes about Wittgenstein's time here, but we lost touch some years ago with the Technician who worked closely with him. and I fear that the information is lost.

Yours faithfully,

R. W. HORNE,
Chief Pharmacist.

Guy's Hospital,
London, S.E.1.

CURIOUS PROBLEMS
No. 7

"LADY IN DISTRESS" (always an interesting problem).

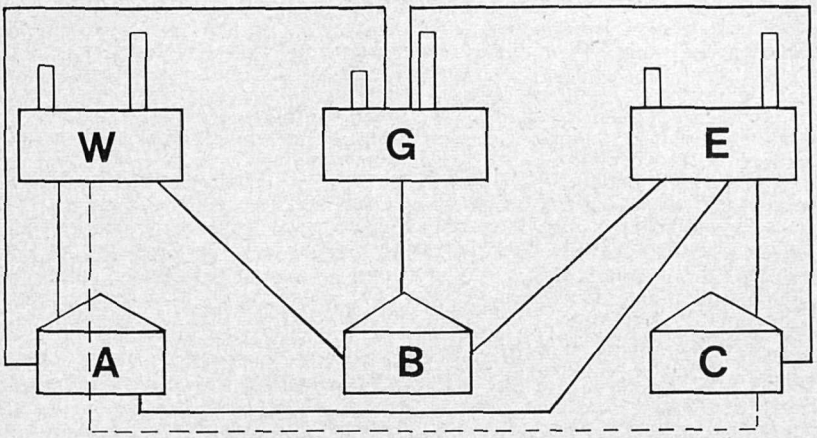
A market-lady has 10 baskets of apples. The apples in 9 of them weigh 1 lb. each, but those in the tenth weigh 1 lb. 1 oz. each. Her time always being limited, she would like to determine which the odd basket of apples is, in the shortest possible time. How may she do this using her spring balance but once?

Answers to Curious Problems No. 6

I.

This notorious puzzle can only be solved by a trick.

If one householder will allow one pipe for a neighbour to pass through his house there is no difficulty, and the conditions did not prohibit this not very unreasonable arrangement.



Here the water pipe for supplying house C passes through house A, but no pipe anywhere crosses another pipe.

II.

WATER MEASUREMENT.

Two pints may be measured in 14 transactions as below, where the vessels above the line are empty and every other row shows a transaction.

7	11	
7	0	i
0	7	ii
7	7	iii
3	11	iv
3	0	v
0	3	vi
7	3	vii
0	10	viii
7	10	ix
6	11	x
6	0	xi
0	6	xii
7	6	xiii
2	11	xiv

J. Efthimiou.

SPORT

Commentary

At a time when most people's attention is focused towards the sun and their blistering skin, a few avid sportsmen are contriving to sweat things out on the Cricket field and in the Tennis courts (ably assisted by the odd pint). The Cricket teams have made a largely successful start to the season but the Tennis team's success is equivocal—ranging from 9—0 wins to 0—9 defeats, the latter at the hands of a strong U.C.H. side. The Ladies' Tennis team are, unfortunately, finding problems fielding a full side and as a result fixtures are being cancelled—although the opposition doesn't always turn up. As to our gallant lads in white (or at least "off-white") they are revelling under the leadership of Steve Taylor and have produced a series of good results so far. On Sunday, 13th June, a Cricket match of a more comical nature was held between the "Lancets" and the "Louts". Rumours that the boundary was shortened are untrue! The "Lancets" ran out eventual winners assisted by a century by Iain Nicholson.

On 8th June at H.O.P. it was apparently a case of sore heads and "fetch the aspirin" when the Hockey A.G.M. was held, the food and drink being served up by Eric and Joyce Dann. It was decided that next season only two sides will be run—1st and 2nd XI as well as the Spiro's. The following were selected as Captains: Jeremy Horton (1st XI), Carl Gwinnutt (Vice-Captain 1st XI), Martin Vallis (2nd XI), Dave Maxted (Spiro's) and Charaz Gulamali (Fixture Sec.).

It has been brought to my attention that the use of the Squash Courts by non-members of the Clubs' Union is continuing and is presenting an apparently insoluble problem to the Squash Club committee. The staff, nurses and physiotherapists are allowed the use of these facilities by courtesy of the Clubs' Union (since they are not actual members) but the difficulty is stopping non-Guy's personnel using the courts. Previous attempts have been made to stop this but have been unsuccessful. It is now time that the Clubs' Union adopted a firm policy regarding the use of the Squash Courts. If it feels that two courts are enough for all people working in the Guy's Health District, well and good. But priority must be given to Clubs' Union members, who should at least have the privilege of deciding if they wish to share their courts. A significant number of strangers are adopting the courts as a free club and we must decide whether or not we wish this to continue.

CRICKET 1976

The results of matches played by the 1st XI :

Saturday, 24th April v. Beckenham. Match drawn.
Guy's 144 (I. Phoenix 42). Beckenham 118 for 7

Sunday, 25th April v. Rowan. Won by 2 wickets.
Rowan 158 for 4 dec. Guy's 159 for 8 (M. Glover 80)

Saturday, 1st May v. Templesheen Eccentrics. Lost by 9 wickets.
Guy's 56. T. Eccentrics 58 for 1

Sunday, 2nd May v. The London Hospital. Won by 4 wickets.
London 202 for 3 dec. Guy's 203 for 6 (M. Glover 79, J. Rees 64)

Saturday. 8th May v. Carnegie. Match drawn—rain stopped play.
Guy's 115 (I. Nicholson 47). Carnegie 20 for 2

Sunday, 9th May v. Ashtead. Match cancelled—ground unfit.

Wednesday, 12th May v. Stoics. Lost by 1 wicket.
Guy's 82 (L. Hughes 45). Stoics 84 for 9 (R. Sherridan 6 for 34)

Sunday, 16th May v. Clearings C.C. Won by 175 runs.
Guy's 246 for 2 dec. (M. Glover 99, J. Rees 68, J. Ryan 61*)
Clearings C.C. 71

Wednesday. 25th May v. Incogniti. Lost by 3 wickets.
Guy's 102. Incogniti 103 for 7 (R. Henricus 7 for 46)

Saturday, 29th May v. University of Kent. Won by 6 wickets.
University of Kent 159. Guy's 161 for 4 (L. Hughes 61, C. Langdon 56)

Sunday, 30th May v. Highland Court. Won by 52 runs.
Guy's 263 (C. Langdon 79, J. Rees 55). Highland Court 211 (P. Kay 5 for 44)
Saturday, 5th June v. Guy's Past XI. Won by 61 runs.
Guy's 163 (S. Taylor 43). Guy's Past XI 102 (A. Davies 5 for 35)
Saturday, 12th June v. Old Lambethians C.C. Won by 5 wickets.
Old Lambethians C.C. 101 (G. Owen 5 for 35, M. Glover 4 for 21)
Guy's 106 for 5 (I. Phoenix 48*)
Sunday, 13th June v. St. Bart's Hospital. Lost by 118 runs.
Bart's 191 for 9 dec. Guy's 73

Comment

The results above show a promising first half to the season with seven wins so far, excluding the Hospitals Cup Competition. The wickets have been hard and as a consequence prompted some high scoring matches. Success should not only be demonstrated by results but the general performance whatever the outcome.

This year's pleasing start has been brought about by several factors and high on the list is that the batsmen who have all been present, in previous years, finding form which on paper they were always capable of. The "old professionals". Chris Langdon and John Rees, have both shown hints of the "good old days", giving us wins at Highland Court and the London Hospital respectively. Mike Glover has shown there is no lowering of his standards, both with the bat and ball.

Another cause of this year's success has been the fielding ability. "Catches win Matches", an old motto, but extremely applicable this year.

In the bowling world the old faithfuls, Allan Davies and Phil Kay, still bring in excellent figures and at Highland Court Phil's "legges" brought Guy's first win at Canterbury for many years. This year has also seen some "new finds" and in the field and with the bat Billy Hughes and Simon Cunnington will provide Guy's with many more successes.

The success this year must also be attributed to those off the field and Joyce and Eric Dann deserve a special mention. The lunches and teas have always been of the highest standard and Eric and his band of groundsmen have worked "wonders" on the H.O.P. "square".

A pleasing first half and we look to the rest of the season to follow its example and with the semi-final of the Hospitals Cup against The London and a week's tour in Sussex there is plenty ahead.

S.D.B.T.

Hospitals' Cup Matches

1st round v. Royal Dental Hospital. Match conceded by R.D.H.
Tuesday, 8th June, 2nd round, v. Westminster Hospital. Won by 6 wickets.
Westminster 111 (G. Owen 7 for 46). Guy's 112 for 4 (M. Glover 46*)

A perfect June day greeted the 2nd Round of the Cup and the Westminster elected to bat. An unfortunate run out in the second over gave Guy's the boost but by 54 for 1 it seemed that a long day in the field was promised. Then the splendid spell of seam bowling by Graham Owen was justly rewarded and 22 overs later he had bowled the opposition out while conceding only 46 runs. Although the Westminster had brought Robert Hadley (Cambridge/ Glamorgan) the total was not enough for him to bowl at. Four wickets were lost but Mike Glover steered us safely through into the semi-final with an unbeated 46.

The team : S. Taylor, G. Owen, M. Glover, C. Langdon, A. Davies, S. Cunnington, J. Harker, L. Hughes, P. Kay, C. McLaughlan, I. Nicholson.

TENNIS

The first home match of the season was in the League against U.C.H. where we made amends for the 9—0 defeat of the week before by winning 9—0. Although from the score this appeared to be an easy victory, in fact there were some tough, closely fought games, especially between the third pairs, where determination as much as skill pulled us through. In the Cup we were less successful, being knocked out in the first round away to The London. We were a little disappointed as a strong wind made conditions very difficult and we failed to produce our true form. The following League match was again away to The London and we were hoping for revenge. However, the wind was even stronger than on the first occasion and made good tennis nearly impossible. In spite of this we put up a determined effort and needed to win the last two matches for victory, which we narrowly failed to do, winning only one. So we lost to the closest possible of margins 4—5. Looking back we could consider what might have been with our first pair: in their doubles, being 1 set and 4—1 up but yet failing to get the win which would have ensured our overall victory. Two friendlies were played against the Police and although fielding considerably weaker sides on both occasions we were able to gain two significant victories, although the second was curtailed by rain. In the 1st we won 7—0 with two games unplayed due to one of their players being injured. In the other friendly the score was 2—1 when we had played against our opposite pairs and in the single set matches that followed we were 5—0 up in one, and evenly balanced in the remaining two when the rain came down. The notable success in this match was the first pair's victory against quite strong opponents, the score being 6—5, 6—2. No arrests were made! On Wednesday, 2nd June, we fielded our best team, the conditions were ideal, and we were feeling confident of a victory. The opposition must have felt the same for they did not turn up. We had a good practice, however, producing good form which suggests some more victories in our next few games.

J.C.

SAILING

Bannister Sailing Cup

Seven hospital teams competed in this 2-boat team racing competition at the Welsh Harp on 1st May: Guy's, St. George's, Middlesex (1st and 2nd team), Westminster, King's and Charing Cross. It was an ideal day for sailing with sunshine, strong gusty winds and the support of 100,000 Manchester United and Southampton fans just a stone's throw away at Wembley.

Guy's had an easy first round draw against St. George's, sailing through to 1st and 2nd places in both heats. In the second round Guy's came up against the Middlesex 1st team—still revelling in their victory in the Guinness Sailing Competition when they broke the Guy's domination after 3 years. The first heat was a very close match with Guy's having a very good start but failing at the first mark. At the finishing line Guy's held 2nd and 4th positions and helped by a penalty point against Middlesex the score was almost levelled (6—6¼ point to Middlesex). Both Guy's boats were late at the start of the second heat but just as things were looking pretty hopeless one of the opposition boats made a real mess up of things at the gybe mark, letting through both of our boats. However, the miracle was short-lived as one of the Guy's boats managed to stop dead after a bad tack, thus losing 3rd place. An unquestionable victory was ensured when Middlesex gained their revenge with 3 penalty points against Guy's. The final was contested between our conquerors (Middlesex) and King's College—the latter seemingly winning by the rule book rather than by actual sailing—thereby gaining a surprising victory.

Guy's team: Simon Girling, Rod Ingham, Andrew Houghton, Nick Surridge.

R.I.

HOSPITAL INFORMATION

M.R.C.P. (U.K.)
March 1976

T. P. Cutler

ENGAGEMENT

The engagement is announced between John Crisp and Judy Polley.

PERSONAL

A GRADUATE of British University required to join progressive group of family practitioners in Cheshire. A keen young doctor with team spirit is preferred. Usual appointment system, ancillaries and attachments. Initial salary £6,500 per annum plus generous car allowance. Six months salaried partnership, parity three years. Box No. 26/76.

ESHER, Surrey. Guy's man requires conscientious Associate. 4/5 day week. Conservative family practice, proportion private work. Use of Panorex. Box No. 16/76.

FOR SALE. Blackheath/Lewisham. Modern purpose built 2-roomed flat, K. and B., C.H., C.H.W., Garage. 120 year lease. £10,750. Tel. 01-852 6290 or Mr. J. C. Crisp, Dept. of Urology, Ext. 2073/4.

FOR SALE. S.E.13. Semi-detached house (freehold) overlooking park. 7 rooms arranged as two flats with separate kitchens and bathrooms. Garden, garage. *London Bridge 10 min. by train.* Tel. 01-690 2435.

WEYMOUTH ST., W.1. Ideal consulting room plus office licensed for two, to let. Phone 01-580 1616.

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We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before the publication date. Publication dates for the next three months are: 31st July, 28th August and 25th September, 1976.

Copy may be sent to us at 16, St. Thomas' Street, S.E.1.

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GUY'S HOSPITAL GAZETTE

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MONTHLY 31 JULY 1976 VOLUME 90 NUMBER 2260

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

NEW CLINICAL CURRICULUM

Students' satisfaction with their course can often be judged by their facial expression. At present, Guy's clinical students look remarkably miserable in spite of (or is it because of?) the multiple pleasures that fine weather has to offer.

When we published the framework and aims of the new clinical curriculum in May 1975, our best wishes for its success, in reward for the hard work put into its planning, were warm and sincere. We tried to make it quite clear that a drastic and comprehensive change in the firms, their organization, teaching methods, speciality partnerships (which are often incompatible) and duration could not meet instantaneous consumer demands and satisfaction. In addition, a reduction in holiday time (from two personally selected fortnights to a rigidly enforced three-week period) would not appeal immediately to the majority of the 300 Guy's clinical students.

What do the consumers now think of the new, parcelled product which has been on the market for over a year? The vast majority, not surprisingly, only mutter discontentedly to their colleagues. Basically, they think that the appointments have become too congested. Most specialities have tried so hard to provide a full teaching programme to please the student (you can kill someone with kindness!) that our typically conscientious Guy's student is faced with a barrage of tutorials, "voluntary" lectures and crowded ward rounds and consequently has insufficient time to fulfil his primary role of clerking patients. The adjective "voluntary" applied to lectures is really

inappropriate. No formal lecture course, of whatever quality, is considered voluntary by conscientious students. Ward rounds of 20-30 people, packed three-deep around a bed are less than useless. They are frustrating to the student, annoying to the teacher and, more importantly, unpleasant for the patient. Routine end of firm examinations for student assessment (sometimes two or three every two months) soon drag the student away from the wards to one of the popular short textbooks by which he can at least satisfy the examiner if not himself.

Guy's justly prides itself on its reputation for training doctors by having superb, unrivalled, clinical teachers. The new clinical curriculum seems to have removed this emphasis to a regrettable state comparable to an 'A'-level crammer, with little time to swing a golf club, catch a rugby ball or pursue other extra-mural activities which are essential for university students. The sad statement published in last month's *Gazette* that "Some teaching will need to take place on Wednesday afternoons" exacerbates the situation. It is not the contravention of accepted University of London principles that is lamentable, but the philosophy behind it.

At present Guy's students take traditional final examinations. Many students enjoy continual assessment for obvious reasons but to supplement this with finals is unsatisfactory and unfair on all concerned. Changing a clinical course at a hospital like Guy's is an unenviable task (you can't please everyone) and, as we said last year, patience and tolerance by teachers and students is essential in order to give the course a fair chance and to allow the appointments to stabilize. We are grateful to the organizers and teachers for their efforts to provide a thorough teaching programme but, unfortunately, they have rather overshot the mark. The new clinical curriculum needs decompression. We do not expect a change in the framework course but we hope that the essential objective of the new clinical curriculum will be the production of clinically competent doctors.

NEWS IN BRIEF

Dr. Derek Stevenson — Gold Medal

On the recent retirement of Dr. Derek Stevenson from the Secretaryship of the British Medical Association the B.M.A. Council resolved "That the Gold Medal of the Association be awarded to Dr. Derek Stevenson, C.B.E., L.L.D., for outstanding and devoted service to the Association through the many years that he has carried the burden of Secretaryship with immense devotion and personal sacrifice".

Derek Stevenson was born in Wallington, Surrey, in 1911, educated at Epsom College and went on to Guy's to study Medicine. In 1935 he joined the Royal Army Medical Corps, in which he had a distinguished record, both in controlling cholera in Shanghai and later in the war years. He left the R.A.M.C. in 1946 to join the service of the B.M.A., and in 1948 was promoted to Deputy Secretary; ten years later was promoted to Secretary. Over the last thirty years he has had a leading part in major negotiations between the Medical Profession, the Government and the N.H.S.

We would like to take this opportunity of warmly congratulating Dr. Stevenson on this award and of wishing him well in his retirement.

Dr. John McArthur

Dr. John M. McArthur, M.B., B.S., F.R.C.S., D.M.R.T., retired from his appointment as Consultant in Radiotherapy and Oncology to the Guy's Health Distict on 29th May this year. He remains at Guy's as the locum Consultant until Dr. Tong takes up the post at the beginning of September.

Dr. McArthur first came to Guy's as a medical student in 1928. He qualified in 1934 and returned to the Hospital twenty years later as Consultant Radiotherapist, after a year in a similar position at the Royal Victoria Infirmary, Newcastle. He is a well known figure at Guy's and will be greatly missed. We hope to publish an appreciation of his work here in a subsequent edition. Meanwhile we take this opportunity to wish him a long and happy retirement.

Dr. Wallace Fox

We offer our congratulations to Dr. Wallace Fox, of the M.R.C. Tuberculosis and Chest Diseases Unit at the Brompton, on his recent achievements. Dr. Fox, an ex-Guy's student who qualified in 1943, has been made a Corresponding Member of the Mexican National Academy of Medicine, an Honorary Life Member of the Canadian Thoracic Society and has been elected to the F.F.C.M.

M.B., B.S. Final Examination

The format of Paper I of the written examination in the M.B., B.S. Medicine is changing in October, 1976. Instead of five essay-type questions, there will be fifteen compulsory questions requiring short note answers. Further details are posted on the notice board in the Medical School Entrance Hall or may be obtained from the Medical School Office.

Dr. L. G. C. Martin

Our congratulations to Dr. L. G. C. Martin, M.B., B.S., M.R.C.P., F.F.Hom., on his appointment as Consultant Physician in Charge and Director, Department of Homeopathic Medicine in Liverpool. Dr. Martin is currently President of the Faculty of Homeopathic Medicine, London.

Dr. Herbert Moore

We regret to announce the death of Dr. Herbert (Pat) Moore, which occurred early in June, 1976. Dr. Moore, who was 86, qualified here in 1924. We offer our sympathy to his wife, Gwyneth, and his children.

Miss B. M. White

Congratulations and best wishes to Miss B. M. White, Divisional Nursing Officer, General Division, on her marriage on 24th June, to Mr. M. Herbert.

OBITUARY

GEOFFREY BARROW DOWLING

On 1st June, 1976, Dr. G. B. Dowling, the doyen of British Dermatology and a most distinguished and lovable Guy's man, died at St. Thomas' Hospital where he had been physician in charge of the skin department until his retirement in 1956. Others no doubt are better qualified to write an appreciation of his contribution to Dermatology but as one of a large number of ex-service doctors who came under his influence after the war I should like to express my own gratitude through your journal which I know he read with great interest.

In the late forties he started a journal club which met monthly in the "George" and which was known originally as the "George Club". The nucleus of the club was formed by his own colleagues and registrars at St. Thomas' Hospital but soon the membership became much wider and each year a trip to visit clinics abroad was undertaken. These trips resulted in many friendships with colleagues abroad. During the first world war Geoffrey Dowling interrupted his studies at Guy's to serve as a trooper and in 1950 I had the great experience of driving him through Ypres where he had spent so many anxious months and he was very thrilled to re-visit the place.

He was very happy at St. Thomas' Hospital where he had many good friends but occasionally after a good party he would state that there was no place like Guy's. Some years after his retirement he started a new career at Lewisham Hospital which he thoroughly enjoyed and where he was always available to help with difficult problems.

"The Headmaster", as he was affectionately known, will be missed by many and his friends feel sad that he should have passed on without receiving any public recognition of his work.

W.G.T.

CLUBS' UNION NEWS

Continuing on from my article last month (every word of which I am sure you will remember!), there are several matters arising. On the subject of David Fine and Jane Bailey, there are certain corrections to be made. The first is that they did not vote on the issue of the Essex students. Secondly, they said that their votes were conditional, subject to ratification by the students. Thirdly, and perhaps the most important, they were the first to bring to the notice of the students how the voting had gone at U.L.U. for some years. Their predecessors had voted and not reported back. Tied up with their report was a request for ideas as to how the students could be fairly and quickly consulted about S.R.C. motions. David Fine and Jane Bailey held the same views as do Dave Markwell and myself, namely that if one does not put one's view forward, then it is taken as acquiescence, willy nilly. I would hope that any thinking person would see the logic, therefore, of communicating their views to their representatives. At the moment, that means signing the notices that will go up when we get the agendas, so please do so. It is in your own interests.

The next matter arising is also dealt with in a letter in this edition, from Dave Markwell. Whilst I acknowledge that in general, the S.R.C. is a fairly constructive body, there are times when it considers issues outside what I take to be its terms of reference. As far as domestic issues go, most of the proposals and considerations are eminently reasonable, as David says. It is not about these, though, that I am worried. How the voting goes on these does not reflect that much on the students. The motions that do concern me, and which I think should concern all Guy's students, are those on Chile, Angola, the I.R.A., the Essex students, the intrusion of politics (i.e. apartheid) into sport, to name just a few. It is over these issues that I feel that Guy's students may wish to differ from the rest of the student population.

Taking up now the subject of the Union General Meetings, and their quora, there are one or two points that can be made. Firstly, I made the suggestion last month of reducing the quorum to 50, and I also intimated that this, in my opinion, would not be a good idea; now to give my reasons. The present quorum is 10% of the electorate; 50 would be 5%. Compared to other medical schools, the 10% is slightly below average, and the 5% is off the bottom of the scale. People may or may not consider this a reason, but I would venture to suggest that the experience of other hospitals may be of some value. A far more important reason, however, is that a quorum of 50 would allow for domination of meetings, and hence the Clubs' Union, by minority groups. Domination by minority groups, whatever their colour, creed, or inclination, is a bad thing, and should in all situations be avoided. I think that closes that point fairly well.

Since the new constitution was brought into effect, there have been eight general meetings (and one extraordinary one). Of the

general meetings, six have been on a Friday, and two on a Thursday. Two (including the extraordinary meeting) have been inquorate. The reconvened general meeting, on a Friday, was quorate. However, although the record has been fairly good, it has always been a struggle to get the requisite number of people along. In view of this, and in view of the fact that one of the original reasons for holding the meetings on Fridays—the old clinical lectures—has disappeared, it would seem sensible to change the day, from a Friday, when there's the staff round, to which students sometimes like to go, to a Monday, Tuesday or Thursday. From my point of view a Thursday is the best, as it gives me time to get publicity out, etc. For the same reason, Monday is a bad day. So, really, Thursday would probably be the best day. The winter general meeting will be on a Monday. Why the apparent change of tack? The reason can be found in the rather special nature of the U.G.M., in that the budget for the Clubs' Union for the coming year has to be approved by the students. This constrains the general meeting slightly, in that it has to wait for the Finance Committee and the Council to work out and approve the budget. Further, there is something that may have to go before the Council of Governors, which meets on the 20th November, and the agendas have to be out by the 17th. This leaves, if all the various meetings are to be constitutional, just two days, Friday, 12th, or Monday, 15th. There are problems associated with both days, but Monday has probably the lesser evils.

As far as future meetings are concerned, then every effort will be made to get them on Thursdays. This is being done for your convenience, so the onus is now on you to turn up.

QUODLIBET SOCIETY

Bob Mellish :

The visit of the Rt. Hon. Bob Mellish, M.P., drew a record audience of students and staff to the top of Guy's Tower on Tuesday, 22nd June. Mr. Mellish's presentation was called simply "Parliament", but it was by no means a conventional lecture about that institution. He began by recounting aspects of his 30-year parliamentary career as the member for Bermondsey; describing experiences as minister of public buildings and works, chief whip and member of the cabinet. The talk was peppered with historical asides and amusing, rather irreverent anecdotes. Among his many other tasks, Mr. Mellish acted to bring New Cross Hospital within the Guy's Group, and as a government minister sanctioned an ambitious and unsuccessful attempt to poison the pigeons in Trafalgar Square.

Mr. Mellish recounted the history of the Whips' office from its origins in 1612 to the present day. In early times the Whip or "King's Man" was paid £3,000 a year—a salary which today would be "around £300,000 a week", or so said Mr. Mellish, making quick allowances for the current rate of inflation! Later, the Whips' office fell from official favour and Mr. Mellish was the first Chief Whip to be a member of the cabinet, as part of a deal struck with Mr. Wilson. The quotable and frequently caustic comments thrown out by Mr.

Mellish were much appreciated by the audience—for example the United Ulster Unionists were described as being "as thick as two planks—except for Enoch Powell"!

However, while he is no respecter of parties or officials, (except for our civil servants for whom he had nothing but praise), Mr. Mellish is a confirmed parliamentarian and spoke proudly of Britain's unrivalled democratic institutions. "One has only to think of the alternatives", he said, "to get very frightened". Some tough talking was reserved for extreme elements who might threaten our parliamentary traditions. He described the present finely-balanced state of the parties at Westminster and criticised his own party for "cheating" in the recent Nationalisation bill row; an encouraging demonstration of Parliament before Party.

After his presentation Mr. Mellish answered questions from the audience on a wide variety of topics—including Defence, the Lords, proportional representation and the Reg Prentice affair. Some of his views were rather unusual for a self-confessed "left-winger"; he has never objected to private medicine, is an enthusiastic supporter of building council houses for sale and is proudly patriotic.

His advice for budding politicians? "Never forget where you came from. The moment you do you'll suddenly find you've lost your way". Which is interesting when you think about it.

P.J.R.

The Brass Ensemble

The "Highest Concert in London" presented to the Quodlibet Society for their last meeting consisted of a very varied programme, most of which was written for brass ensemble! Of these, the Gabrielli tied with the Horovitz Suite as the most enjoyable, with the tightly controlled rhythms of the latter making for a very exciting performance. Beethoven's "The Entertainer" (I always wondered where Joplin got the tune) was accurately performed, but a little something was lost in the reduction of a full symphonic score to brass sextet! It was in the Beethoven/Beatles numbers that the talent of the players for improvisation combined with their technical prowess really made the audience sing. "When I'm Sixty Four" was deservedly encored and concluded a most enjoyable concert.

N.C.G.B.

Additional non-musical note :

"The highest concert in London" was an agreeable and slightly eccentric entertainment very much in the Quodlibet genre. While the audience was not large by our standards it was an enthusiastic one, consisting of confirmed Quodlibbers and musicians, and the curious and otherwise unemployed.

In the latter category were a group of patients from the Hospital, who developed a prom-like atmosphere with their extempore community singing after the interval! It wouldn't have happened at the R.F.H. The brass concert was a great success and the committee had no hesitation in booking the players for an even more ambitious programme next summer. P.J.R.

Next Meeting :

On Tuesday, 12th October. "The Royal Navy presents . . ."

SUMMER CONTRACEPTION

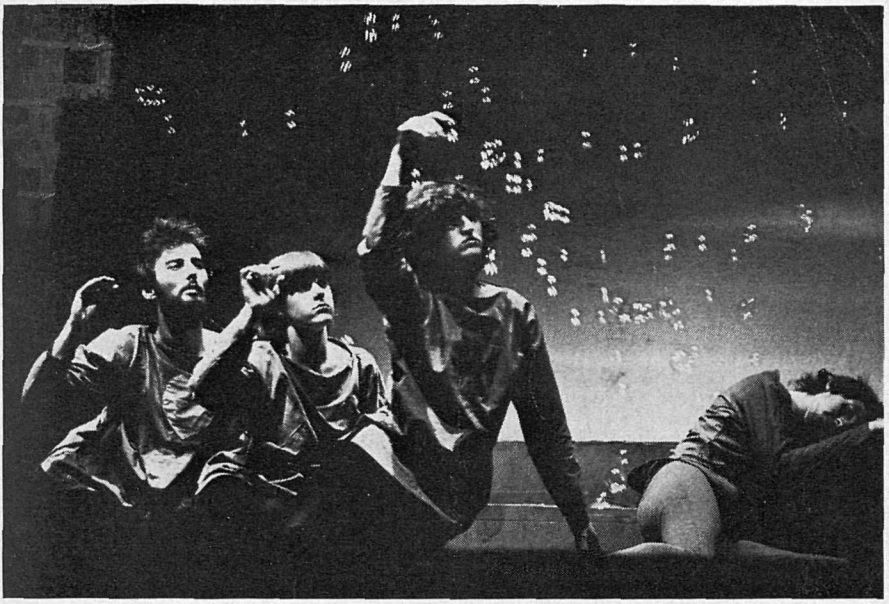
Our good friend, Maurice Jaffe, Clinical Psychologist to the Guy's Department of Psychological Medicine, has recently been quoted on the radio (where the female announcer unfortunately pronounced his name as "Morris Yaff") and in the popular press (the type apparently read by non-*Gazette* subscribers!) as predicting a fall in the birth rate in nine months time. Although probably not taking sole, direct responsibility for this proposed decline in the expected March childbirth figures, he claims that the June-July summer heatwave is responsible. How, may we ask? Well, according to Maurice, a professional "sexologist" (he gets paid for it), although hot weather may increase male libido, it does, however, like alcohol, decrease performance; "The spirit is willing but the flesh is weak". Apparently the hot sunshine has a similar effect on females who are, he says, unable to set the wheels rolling (perhaps chauvanistically but definitely metaphorically speaking). He advises overheated, symptomatic couples to instal air conditioning and cold showers in their boudoirs (or the Bermondsey equivalent).

That's his story and let him speak for himself! The *Gazette* on another exclusive, informal survey, decided to test his hypothesis on a non-random, biased cross-section of unmarried Guy's students. The results were fascinating (albeit predictable) and far too hot to publish; but there were no complaints. We were advised by some of the Wolfson House lodgers to inspect the Water Board meters on the 8th floor. Himmelingoltsaugen! We thought the country was trying to avoid a drought!

C. E. Handler.

Review

Guy's Hospital Theatre Club Production
7th - 10th July, 1976
ST. GEORGE AND THE DRAGON



A scene from the play
(left to right : Robert Glynne Jones, Sarah Pearson, Tessa Leverton and Steve Humphreys)

Vivian Levick wrote the play for Graham Prince and Rob Glynne-Jones to direct and for the company to perform. Vivian certainly can write a play; seldom less than interesting, occasionally compelling, only the final phase seemed a little flat. So, St. George the dragon slayer was neither hero nor champion. Like Don Quixote he shambles inadvertently into challenges and wins by accident rather than design. After the celebration of the dragon's death, I hoped for another dragon, partly because of the stunning special effects crunching and roaring through the auditorium and partly because "happily ever after" is a cop-out form of ending.

In two years the Guy's Campus has undergone a quantum leap. Dwarfing its contemporary challengers, both in structure and I suspect in content. The Theatre Club has ridden the tide from the physiology lecture theatre to a fully equipped auditorium in which the performers entertain not only stalwart club supporters, who are inclined to find no fault, but also the public who have no reason to make concessions to amateur work. The audience was without question delighted with the whole affair. The transit over the Turbulent River was for me the most spectacular episode, tangled with

simple paradox and haunted by the strains of the Swan of Tuonela. In these scenes the company and authoress gave us an idea of the standards to which they aspire. The whole sequence would have done credit to the R.C.S. and if the rest fell short, for a moment the performance moved in a rarified atmosphere.

Since the production is going to the Edinburgh fringe, a few critical comments: the ending requires redrafting; the music, apart from The Swan of Tuonela, should be reconsidered. The Rite of Spring is too epic for the physical dramatic content with which it is associated, it detracts from rather than amplifies the atmosphere. Meaty and Tech could contrast a little more. They perform as an unnecessarily divided Sancho Panza. The players could be less frenetic, more formalised like marionettes or clockwork.

Overall, however, this production is remarkably enterprising and is a credit to everyone involved. If each succession of students in the Theatre Club employs imagination and initiative as this company have done, aware of the contemporary conventions of their idiom, it is an encouraging sign that the institution at large still has a long way to go.

Michael Rose.

POEM

O mighty tower, who we've all respected
From a safe distance, for a year or two
Since first your funds for building were collected
All Southwark lies beneath your lofty view.
(But tell me, what does Southwark think of you?)
Your very height denotes Old England's wealth
Though underwritten by an Arab State
We know that money spent improves our health
Though there's been no recent fall in our birth-rate
And bronchial lungs are plentiful to date.

Of your genesis, it seems that certain members
Of ministries and health boards were concerned
At what height to build a chimney, so its embers
Would be dispersed from the fires where they were burned
(How kind to give to London, what Guy's herself has
spurned)
The architects and alchemists submitted calculations
Which showed beyond all doubt that thirty floors
Would suffice to clear the smoke. Their estimations
Were accepted and the builders worked like moors
So that the monster like topsy, grew by just gradations.

We'd gird the tower about with letters high
If the B.M.A. would let us advertise
Three sides could read "Guy's patients never die"

While that upon the northward side implies
That those at Bart's expect a near demise
It would at least relieve your concrete face
Which sees the healed as fools and all the healers sages
Though healing be important, compassion has its place
As Hippocrates and Galen taught in previous ages
The whole patient to attend, and not the textbook's pages.

A. R. Johns.

CURIOUS PROBLEMS
No. 8

A FAMOUS PARADOX.

This is a question one is perpetually hearing asked. "When a bicycle is in motion, does the upper part of each wheel move faster than the bottom part near the ground?"

There are some people who will invariably dismiss the subject, regarding it as absurd for serious consideration. A wheel, they say, is a rigid whole, revolving round a central axis, and if one part went faster than another it would simply break in pieces:

Then one must draw the attention of the sceptic to a passing cart and ask him to observe that, while you can clearly distinguish the spokes as they pass the bottom, and count them as they go by, those at the top are moving so fast that they are quite indistinguishable. He has to admit that this is so, but as he cannot explain it he holds to his original opinion, and supposes it to be an optical illusion.

The reader is invited to consider the matter: Does the upper part of a wheel move faster than the lower part?

Answer to Curious Problem No. 7 — "Lady in Distress"

The lady's problem is as simple as it is delightful. The baskets are arranged in a line, marking the first one No. 1 and the last No. 10. She then takes one apple from No. 1, two from No. 2, three from No. 3, and continues this sequence to the tenth basket from which she takes ten apples, putting all of these onto her weighing pan.

Let the weight shown on the scale be W lbs. and ozs. Summating the integers from 1 to 10 inclusive—we produce 55, i.e. the weight the apples would have been if all of them had weighed 1 lb. each.

Therefore, the basket No. containing the apples weighing 1 lb. 1 oz. each is given by

$$No. = \frac{W - 55\ lb}{1\ oz.}$$

i.e. the number of ounces in excess of 55 lbs. indicates the number of the basket containing the heavier apples.

NURSING

THE IMPLEMENTATION OF THE BRIGGS REPORT

It is now four years since the publication of the Briggs Report on Nurse education and almost as long since it was decided that implementation would not be possible for some considerable time, for numerous reasons, not least of which was the national economic situation.

However, unlike the Salmon Report, which was implemented almost before the printing presses had stopped rolling and without adequate consideration, the delay has allowed time for thought and deliberation over the proposals. Recently, hospitals have been asked to comment on a circular which makes suggestions as to how implementation could be achieved in a modified form, in the fairly near future. It is, unfortunately, a political document and any comments which are forthcoming will doubtless be totally ignored since the decision is already made. The proposals contained in the circular have caused a great deal of concern amongst nursing and medical personnel, including letters to the press. Yet again disillusionment is felt as politicians are seen to make unintelligent decisions on subjects about which they are totally ignorant.

What then has been decided? In the first instance, it is necessary to state that "Briggs" suggested the establishment of Nursing Colleges, which might encompass larger numbers of students than is at present the case in many training schools. This principle is retained in the new circular but the colleges will be under the jurisdiction of an Area Education Authority composed of a number of individuals, none of which need have any knowledge of nurse education. In addition, the proposed method of administering the selection of students, who will continue to be employed by the Area Health Authority, is calculated to exacerbate the antagonism which exists at present between the Tutorial and Administrative staffs. In most hospitals, these childish attitudes appear to be traditional, but are nevertheless the cause of much disharmony. Neither group appears to consider that everyone is working towards the same goal but become obsessed with petty arguments. The new suggestions will only cause the communication which does exist to cease completely.

The influx of lay administrators which would be required and the attendant army of clerical staff which they always appear to need, seems to be a totally unnecessary expense at this time, particularly when there is insufficient money for patients' needs. Finally, no thought appears to have been given to such matters as the responsibility for discipline, or to whom the students turn for arbitration. It seems unfortunate that professional training has now become a political issue. Surely the delay in implementation of the report should give an opportunity for thought in order to avoid another Salmon fiasco. The pundits should be questioning the function of a nurse and how she can best be fitted to fulfil that whilst she is in training.

PHYSIOTHERAPY

TAKE ADVANTAGE OF YOUR PHYSIOTHERAPISTS

In the course of their training—or education, as we are now encouraged to say—physiotherapists gain by being exposed to the teaching, thinking and experience of other members of the medical team. In their first year, apart from being taught by anatomists and physiologists, they are given a three-week block of experience in the wards working alongside nurses in order to learn basic nursing procedures and ward routines. Later, they are given the opportunity to listen to and ask from a mixed bag of social workers, occupational therapists, psychologists, sociologists, consultant physicians and surgeons, to go on ward-rounds and to attend out-patient clinics. A recent experiment which is well worth repeating was an exchange with students in the Radiography and Radiotherapy Schools. As a result of this, a physiotherapist has at least some grasp of the sphere of operations of her future colleagues and of the areas of overlap, and should be better able to co-ordinate her efforts with theirs. No doubt the range could, and perhaps should, be made wider and more forays into the community and into patients' homes should be made, but at least she is not unaware of the part others play, and is better prepared to co-operate intelligently when she starts her professional life.

It has often seemed a pity that medical students are given less opportunity to gain similar insights into our work—both its extent and its limitations—so that they are better equipped to use the particular tools that we provide. It is true that some teaching is given during periods of clinical attachment, and the recent chance for physiotherapists to participate in the team-teaching of Rheumatology was especially welcome, but more could be done to give students a more comprehensive knowledge before qualification, rather than leaving them to pick it up to a greater or lesser degree when they become house officers.

Accepted, the curriculum is fully packed and to squeeze more in would be difficult, though perhaps not impossible. When groups of nurses come round the out-patients department, they sometimes have their eyes opened and realise that physiotherapists do more than make people cough and spit, or take them for little walks round the ward, and one suspects that medical students might be similarly disillusioned. At present, the only practical way of finding this out is by injuring some part of one's body and bringing it over to Shepherd's House for treatment, but there must be some other less painful alternative available. It would save us a lot of time and labour, for example, if newly-hatched doctors did not wait until an injured hand had become claw-like or a shoulder frozen before referring their owners to us. We would be happy to arrange conducted tours or to co-operate in any other way that seems appropriate in order that our capabilities may be better known at an earlier stage of a doctor's gestation. The offer is there—will anyone accept it?

RADIOGRAPHY

During the first half of 1976 we have all been made more aware of our role in ensuring that we keep our working environment a safe and a healthy place in which to be. Various seminars have been held by the training office of the Hospital to brief staff as to the part they should play in the implementation of the "Health and Safety at Work Act".

In order to facilitate the workings of the Act provision has been made for various "Codes of Practice" to assist personnel in carrying out their work, with regard both to themselves and to others. In some spheres these guidelines are a new venture, whereas for others it is a case of drawing attention to an already well established situation, whilst for others still the written Code is no newcomer. The latter situation is found in all aspects of radiography, particularly as regards the medical and dental use of any form of ionising radiations. All radiographers, radiologists and radiotherapists together with their physicist colleagues are very well aware of the existence of a small yellow booklet with the very long title of "The Code of Practice for the Protection of Persons exposed to Ionising Radiations arising from Medical and Dental Use", whilst our counterparts in the medical school will know its sister volume related to teaching and research aspects. These two codes lay down very strict guidelines to assist all concerned in the safest ways of carrying out their work and protecting their patients, themselves, other staff and the public at large. However, this has not always been the case. In 1936 a memorial was erected in Hamburg to the 169 known martyrs to radiation. There have since been more who have died from injuries received whilst working with ionising radiations, before the hazardous nature of "the rays" was fully understood. Most of those who died of their injuries had received them in the early days of radiation work when only the beneficial nature of X and gamma radiation was realised. In addition to those known, and unknown, who died there were many more who received injuries not sufficient to kill them but certainly bad enough to cause much discomfort and suffering.

As a consequence of the dangers of radiation becoming rapidly evident many medical men took great pains to set down rules for the safe use of ionising radiations. In 1914 Dr. G. W. C. Kaye of the National Physical Laboratory published a book entitled simply "X-rays". In this were recommendations for the protection of X-ray operators. In the 2nd edition of his book, published in 1917, Dr. Kaye enlarged upon these recommendations, giving what may well be the first real "Code of Practice" for Health and Safety at work. It is interesting to note though that there were problems apparent in protection even then because he saw fit to publish the following warning :

> "Operators should be warned that shields obtainable commercially are often ineffective and tests of their opacity should be made."

People were beginning to realise that radiation protection was important and it soon became more important, as I shall try to show in my next letter.

BOOK REVIEWS

"Lecture Notes on Urology", by John Blandy. Price £5.60. Published by Blackwell Scientific Publications.

Urology is a subject which is badly handled in most general surgical textbooks, and there are very few urological textbooks which are suitable for students. Professor Blandy is to be congratulated on producing a textbook which is ideal for students, but just as suitable for fellowship candidates and young doctors. His interest and enthusiasm comes over on almost every page. It is beautifully written, vivid, never dull and almost racy at times. Professor Blandy is an artist and has illustrated the book very well with his own line drawings which are very clear and most helpful. The content is up-to-date, well balanced and readable. Like most modern textbooks for students it is paperback and at £5.60 it is really very cheap. I can recommend this book without reserve.

C. H. Kinder.

"Intestinal Absorption in Man", edited by Ian McColl and G. E. G. Sladen. Price £11. Published by Academic Press.

Much of our knowledge of the transport systems involved in intestinal absorption of food is based on studies of isolated tissues, in the majority of instances without a blood supply. Where the animal or man is studied intact there is often considerable uncertainty about the sequence of events occurring during absorption and the rate limiting steps in the processes. It is therefore helpful to have an account of intestinal absorption in man by workers experienced in isolated tissues but who have the opportunity to check the relevance of their findings in a clinical context. It is amazing how such apparently inadequate methods have lead us astray so little.

Although the editors state that their book is a collection of essays, they do cover the subject comprehensively without overwhelming the reader with detail. The style bears signs of some critical reading and editing. This book should prove useful to clinicians and workers in the field, particularly because of the first chapter which examines critically the deficiencies and merits of studies in man. In the other chapters first principles are also clearly stated. The list of contents at the beginning of each chapter make it easy to find information. This is a book I am pleased to have.

J. N. Hunt.

"An Introduction to the Operating Theatre", by Eileen P. Dixon. Pp. 51. Price £1.25. Published by Churchill Livingstone.

The preface of this book, states that it is intended as a guide for trainee nurses who are working in the Operating Theatre.

It is pleasing to find that in the first chapter, the emphasis is not, as in most books of this kind, concentrated upon instruments, but, most correctly, upon the patient and his welfare. It also describes, in a concise manner, the importance of communication, and efficient organisation within the Theatre.

The book goes on to describe the Theatre routine, and throughout, the style of writing is easy to read and to comprehend.

The criticisms are that very little is mentioned about anaesthetic equipment or sterilisation. It might also have been advantageous to describe another method of "gloving". There are also some spelling errors, and incorrect labelling of photographs depicting instruments.

However, despite these, it is a well ordered book, with some very good photographs. For any student nurse about to undertake a period of training in the Operating Theatre, it should prove extremely helpful, and well worth £1.25.

Pamela M. Jefferies.

"Practical Contraception", by Saroja Ramaswamy and Tony Smith. Price £3.50. Published by Pitman Medical.

At first glance this book looks like the perfect hypnotic, since on skimming through the pages one gets the impression that there is a lot of reading and not much else. Figures are a rarity and even tables don't come in abundance. For most of us, I think it would go straight back on the shelf, leaving the enquiring mind to search more attractive pastures.

However, having been asked to review it, I (naturally) delved deeper, to find a very concise, well written and informative book. Due emphasis is laid, as the title indicates, on the practical aspects of contraception, but this is not at the expense of basic theoretical principles. Statistical evidence is summarised succinctly and the appendices to further reading at the end of each chapter are, I'm sure, helpful.

At £3.50 one wonders if it might not be better value as a paperback, but nevertheless it certainly justifies its place in any medical library.

T. M. Coltart.

"Clinical Examination", Fourth Edition, edited by John MacLeod. Pp. 491. Price £4.95.

This is a good account of a method of clinical assessment which should be of value to all medical students. It is well set out and clearly illustrated. The writing is clear and direct and if over-simplified in parts this is no bad thing for beginners.

Nevertheless, it cannot be recommended without reserve. Take for instance the section dealing with apical systolic murmurs. There is a great deal of information which is both valuable and correct, but the commonest problem that the student is faced with is to know whether an apical systolic murmur is a murmur that matters or not. And I do not believe that from reading this text he would be any the wiser. Again, the section on blackouts (page 37) although it too contains a great deal of useful and helpful information, would not be accepted by all Neurologists as a true statement of the situation with regard to epilepsy as it is viewed today.

But these are small criticisms and as a whole the book is very good and well worth reading. It is expensive, but then so is everything else, and I don't think it is unduly so.

C. L. Joiner.

CORRESPONDENCE

Clubs' Union

SIR,—As the Union officer primarily responsible for the planning and carrying out of the Clubs' Union's external policy, I would like to make a few points relating to Tim Palmer's report of the Summer General Meeting in last month's *Gazette*.

I agree that the failure of the University Student Representative Council to issue agendas and the entire question of the representation of Guy's on this body is important. Furthermore I was delighted by the many relevant questions about the S.R.C. from the floor and by the firm endorsement of my past action and future plans. However I wish it to go on record that, in my opinion, several of Tim's statements regarding the S.R.C. were as unrepresentative of the facts as he suggests the S.R.C. is of student opinion. Perhaps it is worth bearing in mind that Tim has only made a single ten minute appearance at the S.R.C. this year.

For the most part the S.R.C. is a constructive body and is not "bent on disruption". The majority of its business concerns the University and the welfare of its students. Grants, accommodation, catering, courses, union facilities and the postgraduate problems have formed the bulk of considerations since I joined the S.R.C. Even on those occasions when motions on wider political issues were considered we were at no time during the past six months asked to consider whether we should "condone and support" any "terrorist organisations". Furthermore, in the case of controversial issues, the majority of colleges had given their representatives clear mandates, at general meetings prior to the S.R.C. meetings. This being the case, the action which I, on behalf of Guy's, have taken has been an attempt to ensure that *all* colleges receive agendas in time to consult their students effectively before attending the S.R.C., I sincerely believe that, if we continue our present policy, within the near future the true voice of Guy's students will be heard more clearly in the University and elsewhere.

Finally on a point of information, the final S.R.C. meeting of the term took place on 16th June. Agendas had on this occasion been properly circulated but, unfortunately, the meeting was inquorate (only eight colleges being represented, quorum 13). We were disappointed by this set back but were pleased that the agendas were circulated and that, after consulting us, the Chairperson agreed that none of the motions should be discussed. I trust that you will agree that this is a good sign for the future of a potentially influential democratic institution.

Yours faithfully,

DAVE MARKWELL,

Vice-President, Guy's Hospital Clubs' Union.

c/o East Wing,
Guy's Hospital.

Mad Dogs and Englishmen

SIR,—How very much I agree with Passim about the prevention of rabies coming to the United Kingdom. I feel there is another thing that might be done which would cut down the smuggling of pets and that is that all such smuggled pets should be destroyed without *any* appeal. Then "pet lovers" would not risk the lives of their pets, if they really do "love" them. I believe this is done on entry to Australia. As I live in Thanet I am concerned, because, not only is there a yacht marina at Ramsgate, but there is also the Hoverport.

Yours faithfully,

AVIS GARLAND, M.C.S.P.

11 Castle Avenue,
Broadstairs, Kent.

Clinical Dental Course

SIR,—I have read with some interest the articles on "the Clinical Dental Course at Guy's" written under the name of a member of the pre-clinical teaching staff of the Medical School. I note that the survey was carried out in May 1975, that is when the dental hospital and school were accommodated in buildings regarded by everybody as being entirely unsuitable for the purpose for which they were then used. Changes and advancements were inhibited by sheer lack of space and by out-of-date facilities which, in turn, made numerical increases in staff impossible. The criticisms contained in this series of articles must be appraised in the light of the conditions then prevailing. Now that the dental hospital and school are accommodated in a modern and spacious building I feel sure that the Dental Council is giving its attention to changes which are desirable and which are now possible for the first time.

I am in the fortunate position of being able to look back at the progress of clinical dentistry at Guy's over more than half a century and to appreciate how the present set up has developed. We have been able to secure the co-operation of a large number of loyal patients without whom the school obviously could not carry on. They have come to the dental department to be treated by students of whom they know nothing personally and of whose professional capabilities they were completely ignorant. But, they came because Guy's had developed a reputation for ensuring that the teaching staff would safeguard their interests and also that they would be treated by students with kindness and consideration.

The School's acceptance of responsibility in this matter has proved over the years to be of paramount importance in maintaining the steady flow of patients requesting treatment. I consider the statement that "the primary commitment of the School must be to the student rather than to the patient" is therefore not only unfortunate but is also incorrect. This is quite contrary to the fundamental principle upon which Guy's students—both medical and dental—have always been trained and I trust we shall see no departure from it. The welfare of the patients who support the School must be its first responsibility and nothing should ever change this time-honoured tradition.

I am surprised and saddened that there is "some resentment amongst the senior students of being used as cheap labour". I can only suppose that there is a small minority who are so misguided as to believe that they are thus used. No student provides cheap labour or anything like it. In fact, the very opposite is the truth. They must surely appreciate that the clinical work they do for patients forms an integral part of their undergraduate training. How can this possibly be regarded as "cheap labour" when student training is at the expense of the tax payer and the rate payer. Everything is paid for by one body or another and it is unfortunate that some students appear to be ungrateful of the many privileges which they enjoy at no expense to their families or to themselves. I can only hope that we shall hear no more about "cheap labour" being provided by dental undergraduates for there is no such thing and it is time everybody realised that fact.

The final paragraph of this article surprises me—complaining of a feeling of frustration and disillusionment by students for 4½ years, which is, of course, for a longer period than the duration of the clinical course which is under criticism. I wonder whether there is any substance to this complaint.

If it is a true representation of some students' feelings what a pity it is that they chose to spend 4½ years of their impressionable lives at Guy's Hospital Dental School when these years "could have been fun". But I cannot help suspecting that there would have been complaints wherever they had studied.

Yours faithfully,

F. S. WARMER.

Flat 11,
115a Ridgway,
Wimbledon, S.W.19.

A Very Loud Silence

SIR,—I would agree with the sentiments expressed by Drs. Notley, Boulter, Carroll and Schweitzer (*Gazette*, 26th June, 1976, p.189) regarding support for the eloquent and significant opinions expressed by Sir Hedley Atkins at the Biennial Dinner. I, like a very great many Guy's men, was most disappointed not to see Sir Hedley's speech reprinted in the *Gazette*, as would undoubtedly have occurred in previous years.

The *Gazette* continues to be efficiently produced, but it seems at present to be following a more bland and tame editorial policy than was usual in its more robust days. This is unfortunate, for Guy's has always been a sufficiently mature institution to tolerate and indeed encourage lively debate over issues of similarly general concern. I look forward to the resurrected Residents' Play, and trust that there at least our capacity for self-scrutiny and self-criticism has avoided the *Gazette's* torpid calm.

Yours faithfully,

MICHAEL A. SIMPSON.

Academic Departments of Psychiatry and Medicine,
Royal Free Hospital, Pond Street, Hampstead,
London, NW3 2QG.

From the Editor: The publication of Sir Hedley's speech was intentionally delayed for the commemorative edition of the *Gazette* where it will be included with the other Anniversary events. The Residents' Play is to be staged in August.

Ludwig Wittgenstein

SIR,—I can remember Ludwig Wittgenstein well in the early war days at Guy's and I regret that I did not manage to get to know him better, but at that time I did not know John Ryle as well as I knew him later.

Wittgenstein struck me as a very humble person, perfectly happy to do a job which was in no way natural to his background and training and to the onlooker neither his intellectual eminence or his aristocratic background appeared obvious.

I do not know whether your correspondent has been in contact with Mrs. Ryle who lived at Guy's during the period in question. I have not been in touch with her for some time but the last address was somewhere in Lewes. I had written to her c/o Sir Martin Ryle.

Another person who was very close to this group is Dr. H. F. Osmond, whose latest address may be in your possession.

Yours faithfully,

W. G. TILLMAN.

59 Grande Rue,
Alderney, Channel Islands.

Ludwig Wittgenstein

SIR,—After Sebastian Kraemer told me Wittengenstein worked at Guy's, I asked Mr. S. F. Izzard if he remembered Wittgenstein as a porter in the Pharmacy Department at Guy's. Mr. Izzard said "Yes, very well. He came and worked here and after working here three weeks he came and explained how we should be running the place. You see, he was a man who was used to thinking".

Yours faithfully,

RONALD MACKEITH,
Paediatrician Emeritus.

35 Bloomfield Terrace,
SW1W 8PQ.

SPORT

Commentary

As the summer sports slacken off while people go on holiday the only activity seems to be on the cricket field. Whilst inevitably the 1st Cricket Team attract most of the limelight the 2nd team and the "Lancets" are having their fair share of success. In spite of difficulties in finding enough people for a team the 2nd's have played about eight matches with equivocal results although a few of their games have been cancelled by the opposition. Jerry Ryan has coped admirably with the problems that unfortunately accompany the 2nd's captain's job. Notable successes have come against the London Hospital (London 60; Guy's 60 for 4) with a spell of "demon" bowling by Steve Flint (5 for 15). In the return game away Guy's scored 160 for 4 declared due to good innings from Senior (50 not out), Rajaran (50 not out) and the sheet-anchor J. Ryan himself (43). The London were skittled out for 110 by Flint (3 for 20) and Ryan (3 for 4). The two other wins were against Concorde Cricket Club (76 all out), Les Brann taking 4 wickets for 15 runs; Guy's scoring 76 for 6 in reply. A "moral" victory (?) was also gained over the Dental staff—both sides scoring 146 (who said the scorer was biased!) with important contributions from Jan Riches and Latitia Finlay! Games lost were against the Southwark Clergy (Southwark 120 for 8 declared; Guy's 60), Hammersmith Hospital (Hammersmith 86 for 1; Guy's 85) and draws against, firstly, Charing Cross at H.O.P.—The Cross scoring 130 for 9 declared (Alistair "two hats" Smith 4 for 35) and Guy's 2nd's 115 for 9; secondly in the match with Southwell Ramblers—140 for 5 declared, Guy's 120 for 9. (A. Portelly 46 not out).

Meanwhile, the "Lancets" have been gracing the green at H.O.P. with their growing notoriety (will they eclipse the Spiro's?)—led by the ever-grey, ever-amiable, world-famous orthopaedic H.O. Dave Cole bellowing tactics at his team from the bar, bat in one hand and pint in t'other. After a resounding success over the "Louts" in their inaugural game they then went on to three more wins in far-off regions such as Birdlip, Gloucestershire, where they beat DeCourcy's XI by four wickets. (DeCourcy XI 157, McArthur 4 for 30); Lancets 158 for 6 (Nicholson 103 and Grieves 1 not out). This was added to wins over the "Wasters" at H.O.P. (Lancets 94 all out; "Wasters" 55 all out, Smith 5 for 18, Nicholson 4 for 25) and in the David Jones Benefit Match at Walthamstow (D.J. XI 88, McArthur 6 for 22; Lancets 109).

CRICKET

"71st Lancets"

Lancets, 224 for 7 dec. vs. Louts, 166 all out.

(Nicholson 100, Fewster 3 for 14)

13th June, at H.O.P.

'Twas an afternoon in the searing heat of Honor Oak that the 71st Lancets played their inaugural game of cricket, a gruelling test of skill and stamina for all concerned. The Louts, captained by M. Pope, turned out a side for promising young players to challenge the unsoiled record of the Lancets.

The Louts won the toss and on a fine batting wicket elected to field. It seemed their tactic was justified as their opening bowler DeCourcy was unleashing some of the fastest deliveries the park has ever seen. The odd ball turned sharply worrying Fewster but most went straight to the boundary for four byes. Fewster never looked happy and probing outside the off stump to a ball that left him a little was caught at 1st slip. As usual Fewster was very angry and left the field hurling abuse at all concerned.

Meanwhile, Trowbridge was bowling some pretty benign stuff from the Ladywell end and Nicholson seeing the ball well was beginning to penetrate the outfield, wielding the willow with tremendous power and ease. He is a fine young player and still only a student!

Smith had a brief but delightfully stratospheric little knock until he was cleaned bowled by a devastating delivery which cut back a fraction knocking the off stump out of the ground. DeCourcy was then relieved complaining he had blown up.

Sheriff was then called upon to operate from the Cranston Road end trundling his slow medium pace which failed to turn, despite some residual shine. At this point an ice cream salesman appeared with his motorised vendor on the park and Nicholson's task became easier as many fielders mutineered in favour of a mid afternoon lollipop. The romping Nicholson was joined by Cole who swept beautifully for four his first ball but then settled into a grinding display. He drove weakly at short cover twice who fortunately couldn't catch, but then fell caught and bowled to a ball from Filose.

Bayliss was short-lived!

Bell scored a brisk seventeen which without spectacles was a very commendable display made somewhat easier by bringing Horton on. He conceded 14 runs in his first over; and was only eclipsed by Greaves who bowled an over containing five wides.

Nicholson by this time was required to bat for the 1st XI for whom he was also playing and so stormed on to his century, being caught off Pope's bowling for 100, and then getting a duck for the 1st XI. Bayliss declared the innings closed at 244 for 7 at 5.35 at which point protagonists took tea.

Peele and Filose led their side out to bat against the opening attack of Campbell and Scott-Smith, both of whom bowled with vigour but without any success. Again the boundaries were coming rapidly, the partnership was broken when Smith turned the ball dramatically and Filose took an outside edge which Nicholson snapped up diving far to his right. Pope, the captain of the Louts was out 2nd ball to a well pitched delivery which he strode down the wicket to, being caught on the pad and dismissed leg before. (Abuse followed sharply). As the innings progressed all members bar Crozier turned their respective ???? over, but Nicholson probably had the greatest success. Latterly the Louts suffered a collapse and their inning closed at 153 after Dent had made a courageous, if short lived last wicket stand, being caught by a notable catch on the boundary by Fewster who had announced his intention of adjourning to the bar because he was not invited to bowl another over.

Team selected from: D. Cole (captain), T. Bayliss (wicket keeper), A. Scott-Smith, J. McArthur, I. Nicholson, G. B. Harm, W. Crozier, C. Handler, J. Horton, M. Pope, P. James, N. Bardsley, J. Coles, P. Lewis, A. Campbell, T. Bell, B. Price, C. Jackson, R. Cole.

N.B. The 71st Lancets will be holding their first A.G.M. and dinner in London in September. Members will be circulated ! !

TENNIS

The second half of the season began with a home match at H.O.P. against the Royal Free when we fielded our strongest side. As a result Guy's won by a sizeable margin of seven matches to two. However, behind that scoreline there were some closely fought games, highlighted by the Guy's 3rd pair who despite losing the 1st set, gradually raised their standard of play and turned the tables in the last two sets. This match was closely followed by a member of that same pair embarking on an "epic" three set match which lasted so long that everybody else had left before it was completed.

The following evening saw us play a friendly against the Medical Sickness Society. The team had been radically changed to allow other players the opportunity to play, but, fortunately our fortune continued in the same vein, the match being won by $8\frac{1}{2}$ points to $\frac{1}{2}$. The last two league matches were played against two long-standing "arch-rivals". The first was at home to King's and ended in a very tight finish. With three singles matches to play

we were 4:2 down. The first singles match was won comfortably, however, the other two both went to three sets. Egged on by the rest of the team, the remaining two singles players performed extremely well to eventually give us victory, five matches to four. The last match was again closely fought against Bart's but this time we lost by the narrowest of margins, five games to four.

Apart from the disasterous start against Mary's (who ended up clear leaders in the league) and the disappointment in the Cup the Tennis team has had an excellent season with some fine results and enjoyable matches. I would like to thank all those who have turned out for Guy's this season, they include: Mike Chan (captain), John Southgate, Jannie Farquharson, Jonathan Pringle, Andy Morgan, David Hughes, Nigel Middleton, Iain Nicholson, Ian Bryant, Victor Tun, Mark Evans, Chris Burrell, Mike Broughton, Hugh Cairns, Jonathan Moore, John Spindler and Neil McLaughlin.

J.C.

SWIMMING

A swimming match against Royal Holloway College was held on Wednesday, 12th May. Guy's swimming team arrived at the antiquated baths (built in 1893 !) to be greeted by a swarm of screaming children—no students in sight. On surveying the pool (all 15m. of it) we discovered that the changing facilities left much to be desired and left little to the imagination! Eventually a Royal Holloway student appeared, apologised for the pool and attempted to divide the pool into lanes. Half an hour later the proceedings began. A brave attempt was made by all competitors despite the sub-Arctic conditions but there were evident signs of cyanosis towards the end of the match. We almost managed to stay within the narrow lane limits but this proved too much for Nigel Masters who ended up swimming in the R.H.C. lane after a superb tumble turn.

After the match we all went back to one of the student's rooms for refreshments which were much appreciated. We had an enjoyable evening but when the time came to leave we had some difficulty in getting out of the college as all the doors had been locked.

However we all eventually returned to London safely despite a punctured tyre on the way to the station. We would like to thank Mrs. Loxton for her support.

The scores were as follows:

Ladies:	Guy's 23	Men:	Guy's 31.
	R.H.C. 39		R.H.C. 31.

Teams:

Ladies: C. Smith (captain), M. Ganczakowski, J. Loxton, S. Saunders.

Men: A. Smith (captain), M. Miller, N. Masters, D. Rickard, D. Roche, P. Robinson.

C.J.S and M.G.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

(M. Phil.)
Science

D. C. Bicknell (Biochemistry)

(Ph.D.)
Science

J. N. Gennings (Biochemistry)

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees : April 1976

Part I

Kathryn E. Allen
N. D. Bardsley
C. M. Bates
T. M. Baylis
J. R. Bayly
J. N. A. Bloom
D. R. Fine
M. J. Gleeson
Diana H. Gross
R. W. Hannaford
A. R. B. Harris
S. R. Large
Anthea B. Lehmann
B. Mendes da Costa
I. G. Nicholson
K. Radia
Claudia A. L. Roe
Mary J. Rona
Georgina H. M. Sharpe
D. Wilkinson

Part II

C. M. Bates
T. M. Baylis
N. Bigwood
Charlotte P. Cavanagh
W. C. Crozier
Patricia H. Cunnington
P. M. Fenton
P. H. Fitton
Diana H. Gross
R. W. Hannaford
P. A. Hogbin
Ursula J. Holdsworth
J. B. Karani
Amanda Payne
Anne G. Thomas
J. Q. Trounce
D. M. Woods

Part III

N. Bigwood
P. M. Fenton
M. B. Ferris
Diana H. Gross
R. W. Hannaford
Gillian M. Harrison
I. G. Nicholson
G. W. G. Vevers
D. M. Woods

Part IV

C. M. Bates
Charlotte P. Cavanagh
W. C. Crozier
Patricia H. Cunnington
G. Earnshaw
M. B. Ferris
P. H. Fitton
W. J. Greene
Gillian M. Harrison
P. A. Hogbin
Ursula J. Holdsworth
J. B. Karani
Amanda Payne
M. F. Randera
Anne G. Thomas
J. Q. Trounce

Honours

C. Akle (Distinguished in surgery)
G. Robbins (Distinguished in medicine)

Pass List

G. D. Auckland
Susan G. Barker
Clare V. Bartlett
T. R. D. Bell
R. W. Bilous
R. J. B. Bowering
Brenda J. M. Bowles
K. G. Brame
Jane C. Brander
E. C. Bray
S. G. Brear
Louise A. Broughton
M. J. Browne
D. H. Carman
C. H. T. Chung Ying Choong
M. C. C. Clapham
S. R. Killick
C. G. J. Kinchin
J. M. Lamberty
T. T-Y. Lau
E. M. Lee
A. R. Lethbridge
J. D. McArthur
C. I. Mackenzie
J. E. Marginson
C. M. Martin
A. D. Mayer
W. A. H. Moran
Fiona J. Odle
R. G. Palmer
Rosemary L. Parry
J. R. Paterson
R. D. Perkins
S. L. Clarke
D. P. Coates
D. J. Cole
Hilary E. Cole
A. Collett
Theresa Crowley
A. J. Dawson
J. Dennison
Ingrid H. Dodd
P. H. Earnshaw
R. J. Ede
A. C. Fincham
C. A. Fox
D. C. Haiart
A. G. Hellyer
P. J. Hilton
W. Jago
P. N. E. James
D. B. Jefferys
Patricia M. A. Jenkinson
R. A. B. Perkins
M. W. Reeves
P. Royle
B. Ruparelia
J. B. Salmon
Melanie G. Sharman
H. J. Southgate
A. C. Stewart
J. S. Tapson
Teresa M. M. Thomas
G. G. Trotter
Sheila L. Tyson
Sharon J. Van de Pette
Heather M. J. Volk
A. West
S. E. West
Julie P. Wheate
I. R. White
Patricia M. White
Margaret E. A. Wise
A. P. Wozniak

DEPARTMENT OF MEDICINE
GUY'S HOSPITAL MEDICAL SCHOOL

Research Associate

Post vacant September 1976 for one year in the first instance. Salary at Registrar/Senior Registrar scale depending on experience. Duties will include clinical responsibilities in allergy and general medicine, mainly in outpatient clinics. Opportunities for research in fields of allergy and immunology. Applications to Professor M. H. Lessof, Department of Medicine, by 16th August, 1976.

Registrar in General Medicine

Applications are invited for the post of Registrar to the Department of General Medicine at Guy's from 1st October 1976 for one year in the first instance.

Application forms are obtainable from and should be returned to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT, not later than 7th August 1976.

SENIOR NURSING STAFF APPOINTMENTS

AT GUY'S HOSPITAL

Senior Nurse Tutor—Post Basic Education
Miss W. Morgan has been appointed to this post, she transfers from her present post in the School of Nursing as from 1st July, 1976.

Nursing Officer—Medical Unit
Miss S. M. Dartnell has been appointed and takes up her appointment on 2nd August, 1976.

Nursing Officer—Relief
Miss M. E. Walker has been appointed and takes up her appointment on 2nd August, 1976.

Nursing Officer—Personnel
Miss D. L. Smith has been appointed and takes up her appointment on 16th August, 1976.

Nursing Officer—Community Midwifery and Ante-Natal Clinics
Mrs. H. E. Rowley has been appointed and took up her appointment on 1st July, 1976.

Nursing Officer—Paediatric Unit

Miss B. A. Atkinson has been appointed and takes up her appointment on 12th July, 1976.

AT ST. OLAVE'S HOSPITAL

Nursing Officer—Medical Unit

Miss B. G. Roberts has been appointed and takes up her appointment on 1st August, 1976.

AT NEW CROSS HOSPITAL

Nursing Officer—Geriatric Unit

Miss D. Simons has been appointed and took up her post on 21st June, 1976.

DIPLOMA OF THE SOCIETY OF RADIOGRAPHERS

April 1976 Examinations

Diagnostic Radiography

Miss A. De Carle
Miss P. Frost
Miss J. Harris
Miss C. Hirsch
Miss S. Hollingsworth
Miss K. Hughes
Miss V. Marrington
Miss B. Mills
Miss M. Todd

Radiotherapy Radiography

Miss E. Giles
Miss S. Haughton
Miss B. Hundal
Miss B. Palmer
Miss G. Ryan

HIGHER DIPLOMA OF THE SOCIETY OF RADIOGRAPHERS

May 1976 Examinations

Diagnostic Radiography

Miss K. M. Thompson

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

May 1976 Examination Results

Finals

Miss S. J. Cotton
Miss M. A. Dredge (Credit)
Miss J. A. Hunt
Miss S. G. MacQuaide
Mrs. J. Royle
Miss E. J. Shirley
Miss J. E. Turtle
Miss S. P. B. Winter
Miss D. M. P. Yule

Intermediate

Miss C. E. Baker (Credit)
Miss S. J. Black
Miss S. M. Connell (Credit)
Miss S. J. Court
Mrs. C. L. Crawford
Miss E. M. I. Dean
Miss A. V. A. Eckhoff
Miss C. A. Evans
Miss L. Haines
Miss O. E. Hall
Miss H. A. Johnston
Miss T. Kaalstad
Miss C. A. Lyall Grant
Miss A. M. Middleton
Miss S. Murrant
Miss E. H. A. Phillimore
Miss S. E. Sumpter
Miss J. D. L. Willingham
Miss J. M. Wilson

Preliminary

Miss S. K. Barrington Clark
Miss M. J. Bell
Miss D. M. K. Britton
Miss A. E. Cameron
Miss L. Chapman
Miss T. A. T. Chubb
Miss E. Cooper
Miss C. A. Cox
Miss R. A. B. Drewitt
Miss J. C. Fairhead
Miss J. Fairs
Miss K. E. Gillanders
Miss K. M. Gilley
Miss S. F. Haggerty
Miss S. Hale
Miss A. P. Henderson
Miss H. M. Holder
Miss E. H. Jardine
Miss S. D. Langton
Miss M. Marstrand
S. A. Maynard
Miss C. M. McIntyre
Miss C. F. Ordon
Miss A. A. Pearson
Miss J. Richardson
Miss J. Scott
Miss J. M. D. Storey
Miss R. P. A. Thompson
Miss R. E. Tucker
Miss N. J. Webber
Miss E. J. Winning

BIRTHS

CHALLACOMBE—To Tina (née Cocks) and Stephen Challacombe on 8th May, 1976 a daughter, Fiona Lucy, a sister for Benjamin.

TAFT—To Christine (née Lane) and George Taft on 17th March, 1976, at Epsom District Hospital, Surrey, a son, Justin Andrew, a brother for Charlotte and Oliver.

DEATHS

Dr. Herbert (Pat) Moore in June, 1976, age 86 years.

Dr. George William David Reeves on 4th May, 1976, late Major R.A.M.C. in practice in Helston, Cornwall, for 30 years.

CHANGES OF ADDRESS

Dr. and Mrs. M. F. H. Bush, Cherry Place, Raydon, Ipswich, Suffolk, IP7 5LH.

Dr. and Mrs. R. J. O. Catlin, 106 Lovell Road, Holden, Massachusetts 01520, U.S.A.

Joyce and David Grigsby, Little Felden House, Felden Lane, Hemel Hempstead. Tel. Linnet 6081.

Nigel and Wendy Johnson (née Higlett), Summerhill, Fairfield Road, Shawford, Winchester, SO21 2DA. Tel. Twyford 713115.

Mr. anl Mrs. David Lindsey, 12 Poynings Place, Old Portsmouth, Hants, PO1 2PB. Tel. Portsmouth 28888. Practice address: 2 Victoria Road North, Southsea, Hants, PO5 1PX.

Mr. J. E. St. Pierre, 60 Folders Lane, Burgess Hill, Sussex.

PAPERS BY GUY'S MEN

Clemmey, W. R. L. et al. The Assessment of social breakdown in newly admitted psychiatric patients. **British Journal of Psychiatry,** 1975, **127,** 417.

Clemmey, W. R. L. and another. Psychiatric patients as seen by self and others: an exploration of change in a therapeutic community setting. **British Journal of Medical Psychology,** 1976, **49,** 35.

GUY'S HOSPITAL GAZETTE

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MONTHLY 28 AUGUST 1976 VOLUME 90 NUMBER 2261

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

BORE IN THE BADLANDS

It was the end of a long hot day. The sun had beaten mercilessly down without a break and I was hitting the trail to the homestead as night fell. I saw in the distance a camp-fire burning, a solitary figure sat bent by the fire, tunelessly strumming a guitar and straining his vocal chords to a famous frontier song.

(Andante and with feeling)

"*Home, home on the range*
Where the stoat and the elephant play
Where the buffalo herd a discouraging word
And the rent-man got lynched yesterda-ay . . ."

Curious as to what he was doing out here in the back of beyond, I staggered through the tumble-weed towards him. As I neared him a twig cracked beneath my boot—he looked up—and with great surprise I stared into the steely-blue eyes of my good friend, the flatulent farmer, Magnus Bore.

He rose, his tall, rangy, prairie-worn frame towering over a nearby teapot. We shook hands and I asked him how life was treating him.

"Aw Shucks", he drawled, "not so good, never known such a spell of weather since I came out west."

He bent down and began to push a stick through the embers of the fire, wistfully, as if searching for something precious he had long since given up as lost. As I watched him, his face illuminated by the fire's glow, I realised that although he was king of all he surveyed, Honest Doc (as he is known to his friends) was deeply unhappy.

"Never known such a spell of weather", he repeated, "I remember when I came out from back east. I caught the 8.30 wagon train from New Cross to London Bridge then battled my way down here on the Northern Line. I was plum tuckered-out and lonely, but when I saw the sun set over the gas-works I knew this was it, THE place, to settle down and make my home."

"It was a wilderness when I arrived and I had nothing but my own two hands and a grim determination to make good. I worked my fingers to the bone, from sun-up to sun-down, throwing beer cans and empty cigarette packets back into the vicarage from whence they came. I levelled the ground, ploughed and planted the seed. In the fullness of time, as sure as summer follows spring, the seeds took and soon in the midst of this shambles I found I had created a Garden of Eden. New potatoes, turnips, rhubarb, leeks, spring onions and enough strawberries to support a few free-range sparrows."

"This", he said proudly, "was a paradise, the envy of my neighbours. This is 'Lazy B', the biggest spread in Brixton."

He sighed deeply and stood up, arms akimbo, apparently surveying the terrain. His eyes were glazed and sorrowful as he studied the vestiges of a dream that became a nightmare when the rain stopped. As the last golden-red rays of the sun streamed across the prairie he sat down in the herb garden, stretched his legs across the vast expanse of the lawn and propped his feet upon the corral fence.

He lay there quite a while, perhaps musing on the past, perhaps admiring the view of the nearby glue factory by moonlight.

Finally he said "Those were the good old days when everything came good—since the drought I have not managed to raise enough for the next-door neighbour's cat to do his duty on."

He rose and began to collect his gear together. Finally, when he had stamped out the fire, he said:

"Better be on my way to the saloon. I hear there's going to be a severe shortage of Red-Eye."

As he was departing I shouted "But what will you do?" He pondered for a while. "I figure I might try runner-beans and gooseberries next year" he said with a smile.

You cannot keep a good man down.

Editor's Note—Normal Passims will be resumed as soon as possible.

WELCOME BACK TO AN OLD TRADITION

In the early days of this month, packed audiences vociferously welcomed the return of the Residents' Play in which the Residents played. This tradition had lapsed in recent years and we should like to thank the present Residents for its timely resuscitation. Particular thanks should go to the two Johnnies, Doctors Ayres and Pearson, who played a large part in its revival. A review will be appearing in the next edition of the *Gazette*.

NEWS IN BRIEF

Birthday Honours for Guy's Men

Warmest congratulations to Dr. C. A. Boucher, Chairman of the National Safety Committee of the Royal Society for the Prevention of Accidents; and to Mr. N. L. Rowe, Consultant in oral and maxillo-facial surgery at the Westminster Hospital who were awarded the C.B.E. in the Birthday Honours list in June.

We also congratulate Mr. H. C. Davis, Director of the Oral Hygiene Service who was awarded the O.B.E.

Guy's dentists will be pleased to see that they are one up on the medics in Royal favour.

Professor Keith Simpson

We should like to congratulate Professor C. K. Simpson on gaining an honorary LL.D. (Edinburgh University). We believe that Professor Simpson is one of the first members of the Guy's Staff to have this degree conferred on him.

Professor Cyril Clark

Our congratulations to ex-Guy's student Professor Cyril Clark, who has reecntly received the John Scott Award for 1976, from the City Trusts, Philadelphia. The award has been made to him for the invention of the Method of Prevention of Rhesus Haemolytic Disease by injection, in conjunction with Drs. Freda, Goman and Pollock.

Brigadier Crook

We extend our congratulations to Brigadier Y. C. Crook, M.D., F.R.C.Path., on his recent promotion and on his new appointment as Director of Army Pathology.

Dr. M. T. Scott-Kerr

Congratulations too to Dr. Michael Scott-Kerr on his election to the Fellowship of the Royal College of Physicians (Canada). Dr. Scott-Kerr, who graduated from Guy's in 1960, has just completed two years' residency in the Anaesthetic Department of Vancouver General Hospital.

Dr. Wallace Fox

The latest award made to Dr. Wallace Fox of the MRC Tuberculosis and Chest Diseases Unit is the Carlo Forlanini gold medal. This honour was conferred by the Federazione Italiana contro la tuberculosi e le malattie respiratorie.

We send Dr. Fox our warmest congratulations.

Statutory Holidays

You may wish to note that Monday, 3rd January, 1977, has been declared a holiday for the Hospital staff.

Essay Prizewinners

We are pleased to announce that Guy's students have won the first prizes in both the medical and dental essay competitions organised by the Medical Defence Union, Mr. Dominic Kwiatkowski (2nd BMS year) has won the medical prize and Mr. Colin Hopper (Dental House Officer) the dental prize. Our congratulations to both.

The medical essay was on "The State and Professional Independence", and the dental essay was about "The swallowed or inhaled foreign body".

Charity Ball 1976

The Annual Charity Ball run by the Students of the School of Physiotherapy is being held this year at the Hurlingham Club, Ranelagh Gardens, S.W.6, on Friday, September 24th, 1976.

Double Tickets at £9.50 may be obtained from Miss Christine Davey or Miss Lynette Haines at the School of Physiotherapy. The proceeds will be in aid of the Spina Bifida and Hydrocephalus Association.

B.Sc. Dinner

As previously announced, this Dinner for all Guy's B.Sc. graduates will take place in the Robens Suite, Guy's Tower, on Saturday, 6th October, 1976, at 7.30 p.m. Would all those graduates who have not replied to the questionnaire please send their addresses to Professor Roger Warwick at the Anatomy Department so that the rest of the invitations to the Dinner can be sent out as soon as possible.

Commemorative Edition of the "Gazette"

This will be published towards the end of September. It will be a hard-backed, sewn edition of about 240 pages including illustrations. It will be on sale in the Colonnade during the first week of October but due to the limited number, those people wishing to order a copy are advised to send £2.50 (including postage and packing) to Mrs. Lyn Payne, *Gazette* Office, 16 St. Thomas Street, London, S.E.1.

Bar Closure

Many Guy's students will have noticed with some displeasure that the student bar in the East Wing has been closed temporarily over August. However, it is assured that this inconvenience is in a good cause since during this period the bar is undergoing something of a "facelift"—receiving a new coat of paint, new curtains and general "reassessment of the decor".

Kidney Machine

Many thanks to the pupils of Calthorpe Park School, Fleet, Hants., who have raised £2,450 for a kidney machine for the Hospital.

Richard Bright

The Historic Buildings Board of the GLC proposes to erect a plaque at 11 Savile Row, Westminster with the inscription: "Richard Bright (1789-1858), Physician, lived here".

CLUBS' UNION NEWS

WOLFSON HOUSE RENTS

As no doubt most of you will know, the rent for rooms in Wolfson House will be going up from £9.00 to £10.50 a week. Some people feel that the increase is excessive and too much to pay anyway. I will agree that £10.50 is a lot of money to pay for a room, when you have to feed yourself, which adds on an extra £5-£7 a week. There is at the moment a notice on the floor doors in Wolfson, explaining some of the reasons behind the increase.

The rent increase has been worked out on the best estimates available. The original rent was worked out similarly, and came unstuck when the agreement reached with the Hospital for maintenance of the building was not fulfilled: the Hospital had agreed to maintain the building, the Medical School paying the share for Wolfson House. In the event, the Hospital had to subcontract, and this came out to be more expensive than the original estimate upon which the rent was partly based. So, the Wolfson was under strain, so to speak, from the word go. However, the situation for the coming year is that the Hospital will be doing the maintenance and so money will be saved there. As is also stated on the notice, part (£2) of the rent goes to offset the interest charges on the outstanding capital. This is useful to keep in mind when comparing with other halls, and digs. I think that it is only fair that the students, who have been clamouring for an on-site hall for some time, should be prepared to pay a little to help provide such a facility. Comparing the rent of Wolfson House with those of other Halls around the Medical Schools, and the University halls, as well as lodgings, is an interesting exercise, but not without its pitfalls. One must bear in mind that Wolfson House is brand new, custom built and right in the centre, so that travelling expenses are minimal. To start with the University halls, the rents range from £17.20 to £18.90 a week, inclusive of meals. The facilities they provide are no better than ours, either. However, those figures are for 30 week years, and no rent is payable during the vacation. One cannot extrapolate directly, though, to obtain the rate for 52 weeks. Similar considerations apply to lodgings. Here, the rent for partial board is £16 per week (in the suburbs; more centrally), and for a single room, self-catering, a rent in this sort of (central) area would be £12-£13 a week. On top of that, there would be the retainer for the vacations, but many fewer facilities and services. So, on a university basis, Wolfson House is comparatively cheap, even more so if one looks at the actual rent for servicing and running the rooms (i.e. £8.50).

A very big contrast comes when one looks at the halls provided by the other hospitals: they range from £2.50 a week to £12.40 a week! Obviously, there is a catch somewhere! Too true: £2.50 is sharing a room of 4 people, in a converted house (1930's vintage) containing 25 people, which is also self-catering. No interest payments on that one! £12.40 is also a 1930's vintage building, albeit purpose-built, including partial board, and full board on Sundays,

as well as the usual services. There are various prices within the range: mostly towards the top end. However, they are rents that do not include any service charge on capital: the buildings are either older—converted houses or purpose-built—or rented from councils, or designed into a new hospital.

I hope that this has put the rent into perspective, and that people will not, as some have suggested they might, leave because of the increase. It is a facility that ought to be used to capacity, as it has made a great difference to the community life of the students.

Tim Palmer.

A GOOD TIP

T.I.P.—Thamesmead Interdisciplinary Project—has started. The King's Fund has provided funds for an experiment in interdisciplinary training of various student groups. Initially, there are medical students, social workers, and health visitors, but hopefully many other professions will be drawn in—architects, teachers, clergy and so on. The objectives include a greater awareness of each other's training, a realisation of each other's skills and the establishment of a working model service agency so that these skills can be put to patient/client use. An unspoken aim is the exposure of present frank ignorance, and the prevention of professional rivalries which seem to blossom after graduation, if not before. A recent pilot scheme involved four students from Guy's shanghaied from the Joint Firm. The social workers came from the University of Kent at Canterbury and the North London Polytechnic, and the health visitors from the Croydon College of Design and Technology. They met with tutors for four successive Thursdays in newly built old people's club rooms on Area 3—the most recently colonised portion of the Plumstead marshes. The sessions were non-directive and observed by an educational expert. There was discussion of baby battering, problem families and the like and peer learning was the order of the day. The social workers were most used to this type of teaching and learning, but the medical students forced them out into the real world of conjoint visiting. Nine families with a cross section of problems were involved and students and tutors visited in pairs—observing each other as well as the patient and found it a stimulating experience.

Further experiments are afoot. A second short course is planned. This will include some one day seminars for students of one discipline tutored by workers from the other two, and the beginnings of a service agency provided by vocational trainee G.P.s, social workers on placement, and health visitors doing supervised practice.

Guy's is involved through the Medical School. Free lunches are provided and the occasions were a social success despite some feeling (correct) of being guinea pigs. It's a new learning experience all right and if you get a chance to go, at least it's different.

Dr. D .G. Craig.

Mr. JOHN McARTHUR

It came as a great surprise to many of his colleagues to learn that Mr. John McArthur has reached retiring age. He returned to Guy's in 1954, having previously been appointed as Consultant Radiotherapist in Newcastle. He and Dr. Tony Wayte were heavily involved with the planning and establishment of the new Radiotherapy Department in 1961 at its present site in the basement of New Guy's House and, with Mr. Reading, he established a head and neck cancer clinic which has since continued and expanded. Though he is not very keen on giving formal lectures, his teaching (usually on a personal basis, or to small groups) has been much appreciated by doctors, medical students and radiographers. He has given a great deal of unobtrusive help to members of the Department and School of Radiotherapy. Now at his retirement, the Radiotherapy and Oncology Department seems busier than ever, surely a tribute to his continuing interest in recent advances in management of neoplastic disease, and to the value placed on his professional judgement by his colleagues. His son and daughter have both recently started medical careers; may we wish John and Pauline McArthur many more happy years at Blackheath, enjoying the Antique Shops and Garden Centres of the South-East.

P. J. Winter.

Mr. J. H. T. CRAGG

John Cragg retired from the staff of the Dental School at the end of July, 1976. Born in 1918 he was educated at the Bedford Modern School. On leaving school he became apprenticed and on completing his training he joined his father in his dental laboratory and later continued his career at Scarborough. During the second World War he served in the A & D Inspectorate and was appointed to the staff of the Dental School in 1946. He soon made his mark as an outstanding instructor in dental technology, combining consumate skill as a craftsman with a depth of knowledge of materials science which was quite exceptional. He was an instructor on the evening course in Advanced Dental Technology at the Borough Polytechnic and later at the South London College, and was an assessor for the City and Guilds Institute of London. His skills were not confined to the dental field and his interest in radio, electronics and photography were used to the full when he was placed in charge of the Research and Development Laboratory in the Department of Prosthetic Dentistry. He was constantly in demand to advise and help members of the staff in developing research equipment. Although sadly afflicted by the gradual on-set of arthritis he fought hard against his disability and by the ingenious adaptation of laboratory equipment he managed to continue working when many lesser men would have succumbed. Throughout his period of disability he has maintained his characteristic cheerfulness and enthusiasm and his many colleagues and friends including generations of Guy's Dental Graduates, wish him a long and happy retirement.

D. J. N.

OBITUARIES

GEORGE FREDERICK GIBBERD, C.B.E.

It is with great regret that we announce the recent death of Mr. G. F. Gibberd, emeritus Consultant Gynaecologist to the Hospital. We will publish an Obituary of this well-known and greatly respected Guy's man in our next edition.

DOUGLAS WILLIAM CLARIDGE NORTHFIELD, F.R.C.S., F.R.C.P.

Mr. D. W. C. Northfield, F.R.C.S., F.R.C.P., Consultant Neurosurgeon (retired) to the London Hospital, died on July 18th, 1976. He was 74.

Douglas Northfield trained in both medicine and dentistry at Guy's. Already F.R.C.S. (1928), he qualified M.B., B.S., in 1930, winning the Gold Medal. He became a Master of Surgery in 1931.

After qualifying medically, Mr. Northfield remained at Guy's, training in general surgery and was, for a time, demonstrator in the Anatomy Department. He then left Guy's to become House Surgeon to Hugh Cairns at the London and was consequently elected Consultant Neurosurgeon in 1938. Whilst at the London, he gained an international reputation as a highly skilled neurological surgeon—the title he preferred. He became F.R.C.P. in 1966.

Mr. Northfield continued his involvement with his subject long after his retirement, attending regular meetings at the London, at the Royal Society of Medicine (Section of Neurology) and at the Society of British Neurological Surgeons. He had served as President of both the last two groups.

His book, "The Surgery of the Nervous System" (1973) remains as a memorial to his outstanding achievements.

HENRY LESLIE MESSENGER, M.R.C.S., F.D.S.

Leslie Messenger was born on 6th October, 1888, the son of a dental surgeon practising in Devonshire Hill, Hampstead. He was educated at University College School and entered Guy's in 1907 obtaining the L.D.S. in 1911, and the conjoint qualification in 1914. An appointment as Demonstrator in Prosthetic Dentistry in 1914 was soon interrupted when in 1915 he joined the R.A.M.C. In December, 1915 he married Lily Wood, a Guy's nurse, and soon afterwards was drafted to the Balkan front. He served in the Salonica campaign until the end of the War in which his record was distinguished. For his gallantry he was awarded the M.C. and Bar, The Croix de Guerre and was mentioned in despatches. Although one who served with him told me that he was recommended for the highest honour, the

only thing he told me about his wartime activities was of his work on mosquito control.

Leslie returned to Guy's in 1919 and resumed his appointment as a demonstrator in the Prosthetic Department. It was there in 1919 that I first met him. His students found him an excellent and patient teacher. He urged me to read a paper before the Guy's Dental Society, something that I would never have dreamed of doing, and this taught me that the reader of a lecture learns far more than any of his audience! His friendship and advice had a great influence on my life.

Later in 1919 he was appointed Demonstrator in operative Dental Surgery and in 1927 became Assistant Dental Surgeon and later Dental Surgeon. For a number of years he served as Dental Surgeon to the Salomon Centre, Guy's Hospital.

Messenger was a very active member of the Council of The Odontological Section of the Royal Society of Medicine and with the institution of the F.D.S.R.C.S. he was made a Fellow without examination. In 1948 he retired on reaching the age of 60 and was appointed a Consulting Dental Surgeon Emeritus to Guy's Hospital.

On the death of his first wife in 1969 he married Miss Joan May, the daughter of one of his brother officers of the Salonica days. He was always extremely interested in railways and steam locomotives and had a fascinating collection of different types. Also a keen philatelist, his books of stamps were beautifully arranged.

During his latter years he suffered greatly and his pain and disability were borne with great fortitude, as was typical of him. He was greatly assisted by the love and devotion of his wife and one could not wish for him a day's further suffering. Our sympathy goes to his wife, and to Margaret, Stanley and Guy in the loss of a very gallant man.

K. H.

PROFESSOR H. C. KILLEY

It was with regret that we learned of the death of Professor Homer Charles Killey, Professor of Oral Surgery at London University. The Professor qualified in dentistry at King's, but came to Guy's for his medical training and qualification, shortly after the Second World War. He was well known in the field of oral surgery, with numerous publications to his name and the definitive work on facial trauma "Fractures of the Facial Skeleton" written with Mr. N. L. Rowe.

A NEUROLOGICAL LETTER FROM AMERICA

R. A. C. Hughes, M.D., M.R.C.P., Consultant Neurologist

The whip-poor-wills and crickets sing incessantly across the pine forests and locust trees of Cape Cod this evening while I contemplate my sabbatical tour of the east coast of the U.S.A. Cape Cod itself epitomises the difficulties of any comparison between our countries. The golden beaches of this sickle shaped spit of glacial sand, landing place of the Pilgrim Fathers, resemble Devon or Cornwall, so that place names, like Truro, Falmouth and Barnstaple come as no surprise, while others, like Eastham are curiously inappropriate. Close examination shows that most of the vegetation and birds are quite different. We found one wood carpeted with strange orchids. The American robin is a much larger gaudier creature than his English counterpart (but not nearly as tuneful or attractive). The crimson plumes of the ubiquitous Cardinal bird, the red and yellow insignia of the red-winged blackbird and the golden wings of the Baltimore oriole, though unremarkable to the native, appear exotic to the stranger.

My own first encounter with American neurology has shown a somewhat analogous pattern of similaries and differences. Time and geography determined that the sample of neurological centres which we visited was highly selected. One does not cross 3,000 miles of ocean to visit Stygian swamps (which doubtless exist), but rather concentrates on the ethereal vapours of the reputed centres of excellence.

I drew up at my first port of call, The Albert Einstein Medical College, hot and exhausted after a thirty mile nerve-wracking drive through the New York rush hour. The parking lot was protected by a nine foot perimeter fence. The guard, like the police, was armed. We were frequently advised of the dangers of going out alone in the cities even by day, which inhibited the family's excursions. Fortunately, we never encountered violence ourselves though we were woken one night by pistol shots as police stopped a youth breaking into a car. Reports of violence in the American press were frequent and shocking. The Boston Tea Party Museum was blown up the night we visited it. Our complacency about the peacefulness of the old country was in any event shattered when we arrived home to find jemmied window frames and broken glass!

Back in the Albert Einstein Medical College I spent three weeks in the laboratory of Professor Murray Bornstein who for nearly 20 years has undertaken painstaking work with tissue cultures of brain and nerve. This work has stimulated speculation about antibodies in multiple sclerosis responsible for demyelination and conduction block. In only 20 years the Albert Einstein has

blossomed as a predominantly Jewish Medical School to provide an enormous basic neurosciences research complex with vast investment in capital equipment and personnel. Situated in the Bronx, not far from the zoo, it is one of the poorer areas of New York; the district general hospital, to which it is attached, was less impressive than the academic buildings. The wards were run by the residents (registrars) with the option of visits from attending physicians (who might or might not be as senior as the British "consultant"). Patients without insurance or with low grades of insurance were admitted to these wards. Those better endowed or insured were admitted to a private wing under the care of their physician or surgeon, who would retain total responsibility for day-to-day care including often relatively junior tasks like lumbar punctures.

The junior staff training scheme was similar in principle from centre to centre. Interns (pre-registration house officers) were generally considered too junior for neurology firms, and house physician duties were carried out by first or second year residents (S.H.O.s). It was common for each firm to have one neurology resident dedicated to be a neurologist, one general medicine orientated resident and one neurosurgical trainee resident rotating through the neurology firm. In the third and final year of the residency programme the senior residents (registrars) rotate through subspecialities neuroradiology, neuropathology and neurophysiology and take turns in supervising the wards. Many seem to be appointed to a residency programme before starting their internship, and spend their internship and residency in the same institution. This structured programme has advantages in job security for the applicant and uniformity of standards of training for the profession, but the individualist would regret the loss of freedom. After such a residency programme lasting 3 years, some may take a second programme, e.g. pediatrics, many go into academic posts at least temporarily, but most go into practice after taking their speciality board examinations. Physicians in America are some of the highest paid members of society. Jokes about the Croesus-like riches of doctors are a common place at the theatre. The cost of living seemed similar to England with food, petrol and cars cheaper but housing more expensive.

Our journey south took us through an accelerated spring from the cherry-trees and bare branches of New York to the pinks and creams of the dogwoods and the bursting green Maryland forests. Baltimore, our destination and home of the Johns Hopkins, like many of the north eastern cities has a gutted, poverty stricken, cement core and a green shell with lovely homes and large gardens. Johns Hopkins willed the hospital and its medical school a hundred years ago, in the manner of Thomas Guy. The home of Walter Dandy, neurosurgery blossomed early and since the appointment of Dr. Guy Mekhann and Dr. Richard Johnson in about 1968, vigorous neurology and neurosciences departments have flourished. I was particularly interested in the work of the neurovirology group who have been studying many intriguing animal models of demyelinating disease. Although none match human multiple sclerosis perfectly

such models are no worse, and in terms of chronicity much better than the immunologists paradigm for the disease—experimental allergic encephalomyelitis. While it is clear that a combination of the two approaches is more likely to prove of value than either alone, the key to that combination is missing. The recent furore in the British press about a virus like agent in multiple sclerosis was regarded as an artefact by the independent authorities to whom I spoke. I did, however, have the opportunity to visit the people responsible for this research. Dr. Carp in New York and a husband and wife team Dr. and Dr. Henle in Philadelphia. The main work on which the existence of this agent is based depends on an assay in which M.S. tissues injected into a mouse cause a depression of the mouse polymorph count. The difficulty consists in the variability of the mouse polymorph count due to intercurrent infection. It is hoped this issue will soon be clarified by independent investigations already in progress in the United Kingdom under the auspices of the M.R.C.

Our final journey, north to Boston, sped us through New England forests studded more and more with pine trees, to clouds and a cooler climate reminiscent of home. Boston is well endowed with excellent hopsitals and had more Emiscan machines than the whole of the United Kingdom! The Massachussetts General Hospital has guarded the South bank of the Charles River estuary, overlooked by Bunker Hill, scene of the first major battle of the War of Independence for more than 150 years. One of the foremost hospitals in the U.S.A., it includes a very good neurology department with 80 neurology beds out of a complement of 1,100 (Guy's only has 20 neurology beds). The wards and investigation facilities were all of high calibre, with an Emiscan on site and ready availability of angiography. My particular interest here was in the laboratory of Dr. Barry Arnason who has used immunological techniques to investigate neurological disease, recently showing the existence of cell-mediated immunity to muscle acetyl choline receptor in myasthenia gravis. It was interesting to note that native Americans in his laboratory were a very small minority and that English accents were frequently encountered in the corridors.

We will regret leaving the golden beaches of Cape Cod and the exciting vastness and enthusiastic developments of our erstwhile colony, but shall return to our own eastern Atlantic shores grateful and wiser for the experience.

Overheard in the Gastro-Enterology Clinic :

Doctor: Well, Mr. Thompson, I'm afraid the only way that we can help your constipation is by taking away half of your large bowel.

Mr. Thompson : Never mind, doctor; better a semi-colon than a full-stop.

THOMAS ADDISON

1793 - 1860

Rodger G. C. Martin

In this series of articles on Great Men of Guy's we now turn to the last of the great triumvirate, Thomas Addison, born at Lanercost in Cumberland from Yeoman stock. In his time Addison was hardly known outside Guy's and never had the same social standing as Bright but now his reputation stands higher than ever in the profession and in this, the 250th years of the Hospital, we must pay tribute to this man whose name is linked inexorably with Guy's. There can be few doctors in this country who don't know that Addison was a Guy's Physician. He had the honour of having two diseases named after him, Addison's Disease of the Adrenals and Addison's Anaemia, now called Pernicious Anaemia.

Addison commenced his medical studies in 1812 at Edinburgh University; his father had wanted him to do Law but, fortunately for medicine, let him make up his own mind. He qualified M.D. in 1815, his thesis entitled *De Syphilide et Mydrargyro.* It seems as though he had an unremarkable career as a student like so many great people. He then came down to London and made nearly 60 guineas in his first year of practice as House Surgeon to the Lock Hospital! He went on to become a pupil and then physician under Dr. Bateman at the General Dispensary, which specialised in skin diseases. He spent 8 years in this job but never wanted to become a specialist, saying it savoured of quackery. He always maintained that the true physician must understand surgery well; and that the good surgeon must know the principles of medicine. A maxim as true now as it ever was. Addison became associated with Guy's in 1817 when he entered as a perpetual Physician's pupil and by 1824 he had attracted the attention of the despotic treasurer, Mr. Harrison, a man who contributed so much to the success of Guy's, and the subject of a future article. Addison was made Assistant Physician upon the promotion of Richard Bright to physician.

In 1827, Addison was further recognised by receiving the lectureship of Materia Medica. Here his attractive powers were made evident by the large classes he drew around him. In 1837 Addison was elected full physician to the Hospital and was appointed joint lecturer on Medicine with Bright. In 1840, on Bright's retirement from the lectureship, Addison became sole lecturer and held this position until 1854. It was in 1855 that he published his famous thin book entitled *On the Constitutional and Local Effects of Disease of the Suprarenal Capsules.* He described four cases of his own and

one of Dr. Bright's cases in which he noticed that the patients were all very pigmented or bronzed-skinned; there were signs of anaemia, general languor and debility, weak pulse, and irritability of the stomach in all the patients and subsequently they were discovered at post mortem to have diseased adrenals. This thin book of less than forty pages contains the first description of two diseases now known all over the world as Pernicious Anaemia and Addison's Disease. There was no review of the book in the *British Medical Journal* and that in the *Lancet* missed the point that two diseases were being described. Apart from these discoveries, Addison also did original work in other fields including fatty liver, appendicitis, pneumonia, carnification of the lung, tuberculosis and xanthoma.

In 1828, Addison introduced the practice of making the clerks systematically write reports of the cases, and thus it is to him we owe the whole practice of clinical reports made by students. Always interested in students, he had a way of getting the best out of them, and instilling professional ardour into them. As a teacher Addison was impressive and very popular, the students worshipped him but feared rather than loved him. He was however melancholy and liable to fits of depression and at times he appeared haughty, unapproachable and even rude. He was not successful in building up a large practice and was almost unknown to the general public. However, he was called in to see a member of the Rothschild family in Paris once. Trosseau, Nelaton and all the elite of the profession in that city attended a public banquet in his honour. His health was proposed, and Addison replied in excellent French. Yet because of his retiring and somewhat forbidding nature the medical public in England, outside those with whom he was an immediate contact, paid little attention to him or his discoveries in his lifetime. He received no honours, no Court appointment, and was not elected a Fellow of the College of Physicians until 19 years after he received his licentiateship.

Dr. Addison did not marry till he was some years over fifty. The wedding, in September 1847, took place in Lanercost Church and he was buried there, after his death in 1860. He only retired from the Hospital a few months before his death which was due to progressively worsening brain disease. Despite his small private practice, he still managed to leave £60,000 in his will, which whilst not rivaling that of Bright, who left over £250,000, was no mean sum for those days. Dr. Golding Bird, one of the future generation of Guy's physicians, had this to say of Addison. "In a short time my admiration and respect were excited for your profound knowledge and experience as a physician and for your zeal as a teacher. But I soon experienced another feeling, that of gratitude for numerous acts of most disinterested friendship, for which I must ever remain your debtor."

THE GREENWOOD THEATRE

Press Release

Many people are wondering what is happening to The Greenwood which opened a little less than twelve months ago and which closed (temporarily) on the 14th August. The Theatre which adjoins Wolfson House and the Orchard Lisle Swimming Pool is exceedingly well equipped both as a theatre and as a conference centre and, since it opened, some very successful theatrical productions by Guy's students and staff have been staged there and it has been the venue of a number of medical conferences.

The Greenwood was provided with a gift to the Hospital by the late Sir James Greenwood who until his death in December 1969 was a Governor of the Hospital. Planning and construction was commenced by the former Board of Governors of the Hospital and upon the demise of that Board in April 1974 under the reorganisation of the Health Service, work was continued by The Special Trustees of the Hospital. The Special Trustees are a small number of individuals appointed by the Secretary of State under the National Health Service Reorganisation Act 1973 to manage the endowments of the Hospital—all of whom were members of the former Board of Governors and so ensure an essential link between the past and present.

It was the earnest wish of Sir James, in making his gift to the Hospital, that facilities should be available at Guy's for holding important medical and dental conferences and for staging theatrical and musical productions. For this reason the premises are well equipped with facilities for the simultaneous translation of conference proceedings into several foreign languages. Sir James was a successful businessman and felt that facilities such as these could not be maintained unless they were associated with the intensive use of the premises for commercial purposes. During the past twelve months, therefore, quite a number of commercial theatrical productions and conferences have been held there and the day-to-day management has been in the hands of a small company which Sir James gave to the Hospital and which is now wholly owned by the Special Trustees.

The Special Trustees have decided that, in the light of changing economic conditions and the experience of the first year's working, it would be preferable for the management to be undertaken, in future, by an independent organisation and have instructed their Surveyor to offer it for leasing.

Mr. Warburton, who is Company Secretary of the former managing body of The Greenwood and also Real Property and Investment Controller of The Special Trustees, assures us that the trustees will ensure that the name of The Greenwood is preserved and that facilities, on terms no less favourable than in the past, will be available for the use of the premises by the Hospital and the School. He also says that during the interim period, whilst the premises may not be available for commercial bookings—which he

thinks may be three or four months—the Trustees will do their utmost to accommodate Hospital and School bookings by re-opening temporarily. Enquiries concerning bookings during this period should be made to The Special Trustees Office, Counting House, Guy's. Telephone Extension 3457.

Our correspondent writes:

The Greenwood Theatre in the grounds of the Hospital dimmed its lights possibly for the last time on Saturday, 14th August. The final performance was of "Trial by Jury", and "The Pirates of Penzance" given by the Greenwich Village Light Opera Group of New York and the Philbeach Society of London.

Most of the staff have already left, but the Administrator Mr. Barry Warren is staying on for a week or so after closure, to wind up the business affairs. He is returning to an acting career, playing in Shakespeare at St. George's Theatre.

Since opening last autumn, the Greenwood never has been full regularly. During a recent season of French plays, audiences were often only just into double figures. In fact the biggest audiences have been for Guy's Theatre Club's productions. For the past two months however, there have been audiences of about a hundred for Sunday night "Old Tyme Music Hall". Even so such attendances have been unable to give any return on the massive investment made in the theatre.

Mr. Warren blamed the failure on unsuitable plays—which have not been attracting local people and on a lack of publicity. One local newspaper called the theatre "the Borough's best-kept secret". West-end theatregoers have been coming, but not in sufficient numbers, presumably because they thought (wrongly) that the Greenwood was inaccessible.

The theatre's future is uncertain, but its continued availability for use by the Hospital, particularly the Theatre Club, is assured. It is offered for lease on this condition.

It is our hope that the Greenwood may open as a theatre for the general public soon. A lively, profitable theatre would enrich the cultural life both of the Borough and of the Hospital, which for the first time in recent years has a permanent undergraduate population in Wolfson House.

CURIOUS PROBLEMS
No. 9

HURDLES AND SHEEP.

This puzzle may be attempted with matches.

A farmer says that four of his hurdles will form a square enclosure just sufficient for one sheep. That being so, what is the smallest number of hurdles that he will require for enclosing 10 sheep?

J.E.

PHYSIOTHERAPY

The first Part I results of the new physiotherapy examinations and curriculum have now been published and the successful ones pass on to their second year, while the unfortunate few have a re-take examination in September. If they pass then, they will rejoin the others and come under the scrutiny of a continuous assessment system which has, in fact already been started by the ward-sisters to whom the students were assigned for their period of nursing experience in July.

Henceforth, the assessments will be carried out by the teaching and senior clinical staff overseeing the practical work carried out in the wards and departments of the several hospitals in the District, and each student will be required to have passed satisfactorily at least 75% of the assessments by February 1978, the entry date for the Part II examination. At this time, two topics will be announced by the examiners from which a question will be asked in one of the following June's papers to be answered by a 90-minute essay. Candidates will be allowed to take in to that examination their own hand-written notes, but no "hand-outs", photocopies of articles or text-books. After a short break, the second half of the paper, consisting of two essays, will be written in answer to questions comparable with those in the present "Practice of Physiotherapy" paper in the Intermediate examination. A second paper will consist of ten compulsory short essays to be written in 3 hours with questions ranging over the whole of the syllabus not previously tested in Part I, and therefore including *inter alia*, some Anatomy and Physiology, mechanics, Kinesiology and Behavioural Sciences.

As the techniques of physiotherapy will have been tested by the continuous assessment method, the practical section of Part II will not call for any demonstration of treatments such as features in the present Final examination. Instead, a candidate will be confronted with a patient and will have access to the diagnosis, case-notes and, if relevant, X-Rays. She will be required, by abstracting information from the notes, and by questioning and testing the patient, to make an assessment of the patient's present condition and to draw up a treatment programme. Her examination will be observed by a physician and a physiotherapist and she will be required to discuss her findings and proposed regime with them. Finally, she will have to produce a written report of her assessment and recommendations, the whole occupying approximately $1\frac{1}{2}$ hours.

The introduction of real patients and the siting of the practical in the candidate's own hospital are two major, and welcome, departures from the present practice which places an undue emphasis on the acting ability of a "model" patient and on the imagination of the examinee. What is missing is any "internal" element in the marking as both Final examiners will be drawn from outside the candidate's area, but it might be thought that this is a good counterbalance to the essentially inside-ness of the continuous assessment.

NURSING

WHY TUTORS LEAVE

During recent years the minds of Nurse Educationalists have been much exercised with the problem of providing sufficient tutors to supply the needs both of the present, and of the future, if the recommendations of the Briggs report are ever to be adopted.

It is a well known fact that the number of tutors is virtually the same now as it was ten years ago, and this despite the fact that there is a greater number of candidates coming forward for training.

In order to investigate this fact, the General Nursing Council carried out a survey to discover the whereabouts of the tutors, and the possible reasons for the lack of increase in their numbers. The results of this survey proved to be extremely disturbing, and disclosed a great deal of unrest and discontent amongst the group as a whole. It also showed that many tutors very rapidly become disillusioned with their new career, and return to clinical work, or leave the hospital service altogether.

It is perfectly true that there is much unrest amongst these people, and half an hour spent in the company of a few tutors rapidly confirms the hypothesis. However, despite this, very little is ever done in schools of nursing to attempt any improvement, nor are the individual tutors ever asked the reasons for their own personal dissatisfaction. It does therefore seem unlikely that a solution will be found, unless the situation is analysed.

It is probably true to say, that most nurses enter the profession to care for sick people. The vast majority of these would be content to continue practising this for the whole of their working lives. Unfortunately however, this is usually made impossible for them, and they are obliged to leave clinical work in order to further their careers. There are only two avenues to be followed, one of which is that of teaching.

During the time at college, some of the tutor students do develop some enthusiasm for their new venture, and return to the hospitals with a desire to implement that which they have learned. It is at this point that disillusionment commences, for it is on arrival in a school of nursing, that the newly qualified member of staff finds the situation very different to that which she anticipated.

A ward sister accepts and enjoys a great deal of responsibility, and makes decisions, many of which are critical. However, when that same ward sister becomes a tutor, she finds herself relegated to a role which equates to that of a junior nurse. She can make no decision about her own activities, but has to accept orders. In addition to this, she is not given a great deal of work, due to a misconception among many Senior Tutors that she requires several months in order to adjust to teaching. This is a luxury from which she has never before benefited, and with which she cannot contend. It is therefore during the early months that her qualms increase, and

any feelings that she might have made a mistake, are confirmed. It is extremely unlikely that any enquiries as to her adjustment will be made, and discussion instigated by herself is not encouraged. The discontent therefore grows, and a resolution to abandon teaching at the earliest opportunity is made.

If tutors are to increase in number, it is essential for Directors of Nurse Education to consider carefully the way in which this problem can be overcome. These people have clearly forgotten their own feelings on first becoming tutors, and the pressure of work always provides a good excuse for failing to counsel staff. They may rest assured however, that tutors will not remain in posts which impose such conditions upon them, and thus the numbers will not increase, and their extremely expensive training schemes will continue to be wasted.

BOOK REVIEWS

"Lecture Notes on Occupational Medicine", by H. A. Waldron. Pp. 288. Price £3.75. Published by Blackwell Scientific Publications.

I have never thought that the title of the "Lecture Notes Series" is very appropriate, since I imagine that the contents of most of these books bears little resemblance to the notes taken during a series of lectures. In the case of Dr. Waldron's book there is little which resembles the note form as he writes with style in simple and lucid prose which is easy to read and which provides clear explanations of sometimes complicated subjects. Somewhat under half the book is concerned with industrial poisons, namely metals, carbon compounds and gases, and he has given a good deal of attention to diseases of the lungs. Other subjects which are covered are occupational diseases of the skin, physical hazards and accidents and occupational cancer. There are a few radiographs and photomicrographs of surprisingly good quality for a book of this kind and price.

The book does not of course cover the subject exhaustively but it contains a great deal that is of interest to medical students and to doctors whose work lies mainly in other fields.

R. K. Knight.

"Walther's Orthodontic Notes", Third Edn. Ed. by W. J. B. Houston. Pp. 174. Price £3.75. Published by John Wright & Sons, Bristol.

This new edition of the Notes is extremely useful for all undergraduates, particularly if it is read in conjunction with a standard textbook on the subject, and is most helpful in re-inforcing clinical teaching and for revision. It was never intended to cover all aspects of the subject in comprehensive detail. Chapters have been re-organised and make the text much more coherent for the reader. There have been major textural changes reflecting the advances in orthodontic theory and practice.

The most important changes are the gathering together of information into chapters dealing with the treatment of various forms of malocclusion which have previously been dispersed throughout the book. There are two additional chapters on modern removable appliance technique and on Oral Surgery in relation to Orthodontics.

There has been a considerable improvement in the illustrations; at least fifty per cent are new and the standard of photography is excellent. One very important addition is Appendix II, which contains some important definitions.

It is pleasing to see that the work of the late Professor Walther who, sadly, died before he could complete the Revision, has been perpetuated in the title of this textbook.

W. J. Tulley.

SPORT

Sports Commentary

August is a notoriously lean month for sporting fixtures; as the cricket season comes to an end and the stumps are stored away for another six months the Rugby "enthusiasts" start flexing their right arms for another long haul through the winter! Unfortunately, this "tuning up" seems rather hampered by the closure of the bar—instead of the daily saunter into the murky depths of the E. Wing (which can be made quite easily blind folded by the regulars) noses are turned towards the Rose/Miller, etc. September is heralded with mutterings of "Have you seen my boots anywhere?" and "where's that hockey stick I lent you?" The captains begin their frantic searches on a Saturday dinner time for oddities to fill their teams up with (or Friday night if they are conscientious). There is the onus of responsibility which few recognise unless they themselves have been in the same position. Not only do they have this to put up with but also constant harassment either by notes left on the notice board or nudges in the bar from the Sports Editor in his never-ending search for those sports articles he *never* receives but is *always* promised. The variety of excuses rendered is limitless, ranging from "I would have written it last night but I had a rather heavy session in the bar last night!" to "I had to have some physiotherapy for my bad shoulder" or "so and so's got the results book". With the new influx of freshers coming up in October one way of attracting possible newcomers to the Sports Clubs is by means of reports in the *Gazette*. By catching these students before the stage of apathetic stupor and exam. mania sets in the Clubs can bolster their declining numbers and build for the future. This would seem especially important for the so-called *minor* sports which students may be unaware of. For example, Squash is a game which attracts many new students initially since for many it may be their first opportunity to play the game, however, as the terms progress only the most fervent enthusiasts do not loose that initial interest. Unfortunately, this year only one report has been sent in from the Squash Club. Similarly, Rowing also shows a paucity of contributions—difficult to understand since it is one of the most active clubs at Guy's. The decision whether to send in reports or stay dormant lies entirely in the hands of the Club officials and I hope in the future more will take up the gauntlet and send in some more of those witty, anecdotal reports that provide many hilarious memories of events gone by in the past.

Another forgotten and poorly represented section of Guy's sporting scene is the Athletics Club. However, this is not to say the Club's activities are extinct. Over the past few months the team have entered the Inter-Hospitals Athletics Championships (held at Motspur Park in May) and two members of the Guy's Club have competed against R.A.F. Cranwell for the United Hospitals Athletics Team (held at R.A.F. Cranwell on July 3rd). At the former meeting the Guy's team were placed 3rd out of 8 overall. Notable individual performances came from Simon Caley who was awarded the Field Events Trophy for the 2nd year running for coming 1st in the discus, shot and hammer; Chris McLauchlan came 1st in the 400m and 2nd in the high jump and Steven Luxton came 2nd in the Pole Vault. In the latter match the U.H. team won by a close margin of 3 points. Simon Caley won the discus and shot while Andrew Portelly came 3rd in the 200m and 4th in the 100m.

CORRESPONDENCE

In-Course Assessment

SIR,—You are being unduly alarmist about the extent and the character of what you call "end of firm examinations for student assessment", especially when you imply that they will "drag the student away from the wards". With luck they will drag the student *back* to the wards, because two major innovations are (A) an informal form of "long case" in which clinical skills and problem-solving are being challenged, and (B) the submission of Case Histories on (ultimately) four patients seen on the medical firms over the period of one year. Less M.C.Q.'s, less textbooks, . . . more medicine?

Apart from these new ideas we have concentrated on end of firm "assessments" that have been in use for many years, so adding nothing to the student's load.

Judging from the reasons people give for taking the Conjoint examination, among which usually occurs "to make me work/concentrate/get practice in writing answers/examining cases blind" etc., the right sort of challenge to their knowledge and skill will be welcomed by many students. The rub lies in the fact that, as a School within the University of London, this particular series of challenges is compulsory.

Nevertheless the whole method of In-Course Assessment is under debate—by staff as well as students—and all views are welcomed. For instance, would an improved version of the "sign-up" be preferable to the assessments with which we are experimenting?

Yours faithfully,

BRENDAN HICKS.

Clinical Tutor,
Guy's Hospital Medical Scohol,
London, S.E.1.

News from South Africa

SIR,—Through your columns I would like to report small gatherings of Guy's Men in March 1976 during the visit of Bill Lund (E.N.T. Consultant at Radcliffe, Oxford). By happy coincidence Jimmy and Sybil Goodliffe were also present having come out for the arrival of their second South African grandson. They seem to be eternally grateful for the help of the Fund raised by Ex Guy's men and women without which they would have been unable to maintain such close contact with their daughter Diana (Muzik) now living permanently in Cape Town.

To coincide with 250th Dinner in London a small number gathered for dinner including Louis Babrien. Brian Cremin, Wally Wolfsohn, Peter Staz, Mike Conchier, Dick Pickering, Francois Retief, Carl Ziervogel, Hugh Maister, Edward Evans and David Davies. A special effort to be mentioned was the attendance of Ian Walters in considerably weakened state of health who drove himself in from Worcester, 90 miles from Cape Town determined not to miss the Guy's Reunion!

Those of us who started in a small preclinical period class January 1952 are hoping that the main "Class of 1955" will allow us to be included in their Coming-of-Age Dinner to be held September 17th, 1976 and I will be notifying as many as possible.

Yours faithfully,

M. C. GIE.

11 Sedgmoor Road,
Camps Bay, Cape Town.

Clinical Dental Course

SIR,—I am sure that Mr. Warner, whom many of us remember with gratitude and affection as an absolutely splendid dean, distresses himself unnecessarily, in some ways, regarding criticism of the dental clinical course. There are certainly matters which must give cause for concern, notably the development of a callous attitude towards the patients and the comments on cheap labour, but is it not characteristic of young people in general and a positive sign manual of their immaturity to strike a tragic attitude and to grizzle and groan at everything? Even their vocabulary, with its talk of frustration and disillusionment etc., etc., is typical of romantic literature from the time of Goethe's Werther, who committed suicide. (Goethe himself, by the way, managed to contract syphilis at, I think, the age of 79. He was by then the god of German literature and was completely nonplussed by the fact that an attractive young actress aged 19 refused to live with him.) Not many people to-day, I suppose, retain the notion that birching is inseperable from a classical education and few classical scholars, I imagine, were ever asked if, in retrospect, they enjoyed being birched. It is, belatedly, becoming plain enough, however, that the process of learning can never be made entirely pleasant, except for the gifted few and even for them some of the duties to be performed in any branch of the medical profession can hardly be called pleasant. It may well be, therefore, that the efficiency of the clinical course may be measured, to some extent, by the number of students who were "disillusioned". No doubt it was the first time they had had to come to grips with the stern realities of life, with the fact that dentistry is an arduous profession imposing onerous responsibilities on those who practise it and above all, with the realisation that of the countless multitudes of the species *Homo sapiens* who have been born into this harsh world only an infinitesimal minority had much "fun".

Yours faithfully,

A. H. STOCKER

Keats House, Bush Fair,
Harlow, Essex CM18 6LY.

Close Co-operation

SIR,—Did you really mean this?

PHYSIOTHERAPY

TAKE ADVANTAGE OF YOUR PHYSIOTHERAPISTS

Yours faithfully,

H. A. HAMILTON, F.R.C.O.G

9 College Green,
Gloucester.

From the Editor: Sometimes!

ANSWERS TO CURIOUS PROBLEMS No. 8

THE FAMOUS PARADOX

Of course, every part of the wheel revolves round the axle at a uniform speed, and, therefore, in the case of a fixed wheel, such as a grindstone, the answer is in the negative. But in the case of a bicycle wheel in motion along a road, it is an undoubted fact that what is the upper part for the time being always moves FASTER THROUGH SPACE than the lower part. If it did not do so, no progress would be made and the cyclist would have to remain as stationary as the grindstone.

The mathematical explanation requires the aid of a fairly complex diagram; a simple practical demonstration is therefore attempted.

"Head up"—take the largest coin you have access to and roll it slowly along a fixed straight edge. It will be seen that the monarch's neck hardly leaves the original point on the line, while the monarch's head travels a considerable distance (i.e. starting with the head furthest from the point of contact with the straight edge).

It should be quite convincing that the part of the wheel, that is for the time being, at the top moves faster through space than the part at the bottom.

John Efthimiou.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

M.B. B.S. Examination for Medical Degrees: June 1976

Part IV

J. S. Aldis
R. M. Atkins
D. Beswick
Nicola V. Boyes
A. S. E. Bristow
Amanda B. E. Clark
Susan J. Comper
I. D. Crate
D. F. Dayson
Katharine J. Dismorr
J. R. A. Duckworth
Anne Dudeney
Jane P. M. Evans
S. J. Forsdick
M. W. Gill
R. G. T. Glynne-Jones
A. R. A. S. Hamid
M. C. Harrison
M. J. E. Higgs
N. P. Hirsch
J. R. Hogg
Meriel C. Holloway
M. W. Houghton
P. J. Howard
M. J. F. Humphries
P. J. G. Hutchings
A. K. P. Jones
D. E. Jones
G. J. A. Joy
Valerie J. Knight
A. J. M. Lalor
A. G. Long
Heather J. Milburn
Deborah M. Mitchell
T. C. Owen
I. J. Page
M. R. P. Patel
Sarah E. Perfect
Judith P. Popplewell
H. W. Pritchard
Janet Rockall
G. A. Shun-Shin
Rosemary D. C. Southwell
S. J. Sperring
G. J. Tamlyn
R. T. Thompson
Wendy P. Towell
C. C. Trounce
A. T. Tylee
Gillian C. Vafidis
D. K. H. Webb
Joanna S. Westbury
W. S. Whitby
D. L. Williams

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

June 1976 Part I Examinations

Miss R. A. Birse
Miss D. M. Blacker
Miss M. Boase (Distinction)
Miss H. Bunney
Miss A. M. Capstick
Miss M. C. Carr
Miss A. P. Chown
Miss S. J. Christie
Miss S. C. Davie
Miss A. M. Davies
Miss A. S. Davies
Miss S. M. Faulkner
Miss L. B. Frost
Miss S. M. Gaastra
Miss S. Y. Garvey
Miss W. Harvey
Miss E. A. Leftley
Miss C. J. Mackenzie
Miss A. J. Matear
Miss J. L. May
Miss B. Rees
Miss K. M. Roe (Distinction)
Miss S. V. Rogers
Miss J. S. Schurr
Miss Y. Sidebotham
Miss K. M. Smith
Miss S. Stacey
Miss P. J. Stafford
Miss E. J. Thompson
Miss S. D. Watkinson
Miss S. J. Westland
Miss P. M. Williams

July 1976 Final Examination

Miss J. M. Cameron
Miss E. M. I. Dean
Miss J. M. Duncan (Credit)
Miss C. A. Lyall Grant
Miss T. Kaalstad

THOMAS GUY SCHOOL OF NURSING

State Final Examination: June 1976 List of Successful Candidates

General Register

D. P. S. Adams
J. G. Baker
D. B. E. M. Jenkins
V. H. Jones

N. J. Barton
T. Belcourt
C. A. Bennett
L. Bhugoowan
D. A. Briggs
Y. B. Brookes
P. A. Carey
C. K. L. Chan
G. C-K. Chan
M. J. Clements
N. M. Conry
B. A. S. Cowling
C. M. Cullen
A. E. Darby
C. F. De Garis
A. Delbarre
G. O. Denham
J. R. Dowrick
M. R. Engers
B. G. O. Foote
L. M. Geer
R. E. Geer
M. R. Gibbons
M. K. Grey
J. H. Holmes
S. M. Hugonin
T. S. Joyce
S. A. Lartey
S. A. Lucas
A. M. Lynch
S. A. Mace
M. K. McGowan
A. C. McKeown
M. R. Morais
S. Mungar
S. H. Mutenga
M. P. M. O'Connell
S. J. Piper
M. H. F. Pohl
J. R. Scurrell
K. T. Sin
E. J. Spencer
S. K. Sturgess
E. E. Thomas
C. A. Vickers
T. M. E. Vickery
I. E. Vos
G. Walls
E. A. Whittle
S. Williams
J. S. Woodward
F. L. C. Yeung

Sick Children's Register

P. M. Irving
L. J. Knowles
C. E. Tidey

Mental Register

F. J. Findlay
B. Y. C. F. Foo
S. Y. Ho
F. C. Jack
J. P. Lockwood
J. Phibbs
D. F. Rawlings
K. Sinniah
H. C. Smith
A. C. Wells
S. Ramiah

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.: June 1976

B. S. Avery

HOUSE APPOINTMENTS

1st September, 1976

House Physicians

Dr. Scott and Dr. Joiner — Mr. C. G. Pinder, 3 *months*; Mr. S. R. Kirkham, 6 *months*; Mr. O. L. Duke, 6 *months*

Prof. Lessof, Prof. Keen, Prof. Dowling and Dr. Maisey — Mr. R. W. Bilous, 3 *months*; Miss P. M. White, 3 *months*; Mr. S. R. Durham, 6 *months*

Dr. Houston, Prof. Trounce, Dr. Knight and Dr. Grimble — Mr. D. B. Jefferys, 3 *months*; Mr. J. A. Vafidis, 6 *months*; Mr. M. J. O. Minogue, 6 *months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis — Mr. P. H. Rowe, 6 *months*; Mr. J. F. L. Shaw, 3 *months*

Mr. Lawrie, Mr. Beard and Dr. Winter — Mr. J. E. Marginson, 3 *months*; Mr. D. G. Hart, 6 *months*

Mr. Glover, Mr. O'Flynn and Mr. D. Tong — Miss P. M. A. Jenkinson, 3 *months*; Mr. H. C. Wong, 6 *months*

Prof. McColl, Mr. Rendall and Mr. Bewick — Miss J. C. Brander, 3 *months*; Mr. C. A. Akle, 6 *months*

Gynaecological House Surgeon

Miss R. L. Parry, 3 *months*
Mr. J. C. Kelly, 6 *months*

Throat and Ear House Surgeon

Mrs. J. Pinder, 3 *months*
Miss A. M. Buckley, 6 *months*

Orthopaedic House Surgeons

Mr. P. J. Hilton, 6 *months*
Mr. R. D. Perkins, 6 *months*
Mr. N. D. Bardsley, 6 *months*

Genito-Urinary House Surgeons

Mr. K. G. Brame, 3 *months*
Mr. G. G. Trotter, 6 *months*

House Surgeons to the Thoracic Unit

Dr. H. J. Montague-Brown (S.H.O.), 6 *months*
Miss E. H. Tseng, 3 *months*

S.H.O. to the Renal and Transplant Unit

Dr. M. K. D'Arcy (S.H.O.), 3 *months*
Dr. N. J. A. Vaughan (S.H.O.), 6 *months*

Children's House Physicians

Dr. B. R. Gerard (S.H.O.), 5 *months*
Dr. S. P. A. Rigden (S.H.O.), 2 *months*
Dr. M. M. R. A. Grahame (S.H.O.), 10 *months*
Dr. J. R. V. Barbour, 3 *months*
Dr. L. M. Rabb, 3 *months*
Dr. S. Wason, 6 *months*
Dr. S. J. Rose, 6 *months*

Casualty Officers

Dr. H. W. Jones (S.H.O.), 3 *months*
Dr. D. Kwan (S.H.O.), 3 *months*
Dr. A. R. Potter (S.H.O.), 6 *months*
Dr. R. F. Massey (S.H.O.), 6 *months*
Dr. S. J. N. Daniell (S.H.O.), 6 *months*
Dr. J. C. E. Jones (S.H.O.), 6 *months*
Dr. D. M. Thomas (S.H.O.), 6 *months*

Resident Obstetricians

Dr. I. V. Jones (S.H.O.), 4 *months*
(S.H.O.) 6 *months*

Neurological House Physician

Dr. D. M. Preston (S.H.O.), 6 *months*

Dermatological House Physician

Dr. D. J. Nutt (S.H.O.), 6 *months*

Resident Anaesthetists

Dr. P. E. Lewis (S.H.O.), 3 *months*
Dr. C. R. A. Bevis (S.H.O.), 6 *months*
Dr. M. E. Ruttley (S.H.O.), 6 *months*
Dr. G. K. D. Nath (S.H.O.), 6 *months*

S.H.O. to Nuffield House
Dr. J. A. Fleischmann (S.H.O.)
4 *months*
Dr. A. M. Brennan (S.H.O.)
6 *months*

House Physician in Child Psychiatry
(S.H.O.) 6 *months*

ST. OLAVE'S HOSPITAL

House Physicians
Miss E. A. Caffrey
3 *months*
Mr. J. Dennison
6 *months*

House Surgeons
Mr. S. R. Killick
3 *months*
Mr. P. D. Home
6 *months*

Gynaecological House Surgeon
Mr. L. D. Ross
2 *months*

S.H.O. in Psychiatry
See Under Guy's

NEW CROSS HOSPITAL

House Physician in General Medicine with Geriatrics and Rheumatology
Mr. P. B. Strigner
3 *months*
Mr. T. T. Y. Lau
3 *months*
Mr. I. G. Nicholson
6 *months*
6 *months*

Orthopaedic House Surgeons
See under Guy's

S.H.O. to the Rehabilitation Unit
6 *months*

BECKENHAM HOSPITAL

House Physician
Mr. A. West
6 *months*

House Surgeon
Mr. E. M. Lee
6 *months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Hartley and Dr. Thomson:
Mr. J. R. Paterson
3 *months*
Mr. J. B. Karani
6 *months*

House Physician to Dr. Mallinson and Dr. Blower for 3 months and Dr. Simons (Locum) Dr. Colover and Dept. of Chest Medicine for 3 months:
Mr. J. D. McArthur
6 *months*
Miss K. E. Allen
6 *months*

House Surgeon to Mr. Williams, Mr. Park for 3 months and 3 months with Mr. Stoker and Mr. Candy:
Miss L. A. Broughton
3 *months*
Mr. R. J. A. Butland
3 *months*
Mr. N. R. Drane
6 *months*
Mr. D. Wilkinson
6 *months*

House Physician to Dr. Mallinson:
Mr. P. N. Adams
3 *months*

House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf:
Mr. P. H. Fitton
3 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases:
Miss F. J. Odle
3 *months*
Mr. S. E. West
6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. S. M. Raper
3 *months*

House Physician to Dr. Stott:
Mr. G. Robbins
3 *months*

House Physician to Dr. Staffurth:
Mr. P. R. Saunderson
6 *months*

House Physician to Dr. Llewellyn-Smith:
Mr. I. R. White
6 *months*

House Surgeon to Mr. Lynn Evans:
Miss C. M. F. Dicks-Mireaux
3 *months*

House Surgeon to Mr. Ivo Smith:
Mrs. S. J. Van De Pette
3 *months*

House Surgeon to Mr. Le Brun:
Mr. P. N. E. James
6 *months*

House Surgeon to Mr. Monty:
Mr. C. A. Fox
3 *months*

House Surgeon to Mr. Cavendish:
Miss S. L. Marsh-Smith
6 *months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding and Mr. Lam:
Mr. B. A. Ruparelia
3 *months*
Mr. J. Q. Trounce
3 *months*

House Surgeon to Mr. Walker-Brash and Mr. Ratnesar:
Mr. P. A. Hogbin
3 *months*

House Surgeon to Mr. Boxall and Miss Austin:
Mr. G. W. G. Vevers
3 *months*

House Surgeon to Mr. Walker-Brash, Mr. Glasspool and Dermatology:
Mr. R. J. Ede
6 *months*

House Physician to Dr. Southwell and Dr. Williams
Mr. M. W. Reeves
6 *months*

PEMBURY HOSPITAL

House Surgeons:
Miss S. G. Barker
3 *months*
Mr. S. J. Caswell
6 *months*

House Physicians:
Miss M. E. A. Wise
3 *months*
Mr. D. J. Cole
6 *months*
Mr. A. C. Stewart
6 *months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians:
Mr. A. R. Lethbridge
3 *months*
Mr. M. J. Brown
6 *months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott:
Mr. D. H. Carman
3 *months*

MARRIAGE

CAWSTON—PRITCHARD on the 24th July, 1976, at the United Reformed Church, Putney, Timothy Roy Cawston (B.Sc.Hons.) to Gillian Elizabeth Pritchard.

DEATH

Mr. Bernard Graham Scholefield, M.A., D.M. (Oxon), M.Ch., F.R.C.S., on 16th June, 1976, at the age of 77, at his home, 7 Winchester Avenue, Tupsley, Hereford.

CHANGES OF ADDRESS

Edward J. N. Chater, B.D.S.(Lond.), L.D.S., R.C.S.(Eng.). Practice address: 305 Borough High Street, London, S.E.1. Tel. 01-407 3883. Private address: 66 Camberwell Grove, London, S.E.5. Tel. 01-701 4655.

Miss Alison M. E. Russell, 39 Hackington Road, Tyler Hill, Canterbury, Kent. Tel. Blean (022 777) 727.

PERSONAL

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GUY'S man near retirement has well proportioned ground floor surgery to let in Upper Wimpole Street — projects and possibilities — own equipment. Tel. 01-935 5153.

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GUY'S HOSPITAL GAZETTE

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MONTHLY 25 SEPTEMBER 1976 VOLUME 90 NUMBER 2262

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

THE KEYS TO HAPPINESS?

There has recently been much talk about Security in this hospital. It seems that many people have a tale to tell about property unaccountably gone missing and amongst the lost purses and coins, there are a few real horror stories to be heard.

Of crimes committed at Guy's, theft forms the vast proportion —something like 1,200 separate thefts are reported annually. These are investigated by the Hospital Security Officer, an ex-C.I.D. man, who calls in the local police where appropriate. It is interesting to discover that very few thefts here are the result of "break-ins" and that 80 per cent are due to stupidity and carelessness on the part of the victims and should therefore be preventable. We should remember this while complaining about security at Guy's. It would be nice to trust one's fellow man entirely, but recent events have proved that this is no more possible here than anywhere else in the world and it is high time we ceased to be naïvely optimistic and became instead more security-conscious. After all, we all work hard to earn our possessions—why make it so easy for the unscrupulous easy riders of Society?

The majority of thefts involve money, cheque cards and cheque books stolen from bags and clothes left easily accessible to the burglar. Jackets are carelessly left hanging in unlocked lockers in unattended cloakrooms, hand-bags are left lying in open offices, purses are kept in cupboards in general use or on side tables in public wards. One case was reported of money being stolen from a locked cupboard. The cupboard key had been left in an unlocked

drawer in the same room. Thieves are not necessarily fools—it seems this cannot be said for the rest of us! True, there are some cases where lockers have been broken open and for the people who have lost things in this way one can have nothing but sympathy. The safest lockers are those with padlocks as a second lock. In one cloakroom seventy-two new lockers are provided with handles designed to accommodate a padlock. Of the 72 students given them, nine have taken the trouble to use the facility. It is proposed to fit hasps and staples to the old-style lockers—meanwhile we need not make life easier for the thief by not attempting to lock doors at all.

The most sinister robberies are those of cheque books and cheque cards for, armed with these, thieves have devised complicated ways of stealing sums of money vastly in excess of those they might obtain by stealing a purse. Your cheque card and cheque book are a most tempting proposition to a thief and should be treated accordingly. Ideally the card and book should be kept separately—certainly they should be kept carefully. And if you do chance to leave your jacket lying around with your cheque book in it (and we say jacket advisedly, apparently women are currently losing less to thieves than men) do remember one cheque is all the robber needs and it may be all he has taken.

The problem of theft is probably no worse at Guy's than it is anywhere else in this thoroughly imperfect world and all that has been said above may apply to anyone. However, there are certain problem areas here where theft is particularly common. Since the criminal element has evidently already discovered them, there is no harm in pointing them out. Bags left outside the Wills' Library, for example, are an open invitation to the thief—if a case must be left there, at least it should not contain valuables. The system of leaving cases outside the Library is however highly unsatisfactory. If librarians find that permitting students to take their bags into the Library means many books are smuggled out and lost (can't we trust *anyone* these days?), small lockers should be provided outside, replacing open shelves. Such arrangements are being made at the present time. Alternatively, bags could be left with a librarian in exchange for a ticket.

There are problems where individual vigilance alone may not be enough to protect your property and in these cases improvements in Security arrangements are an urgent priority. The inadequacy of spare lockers in some Theatre changing rooms is truly deplorable, for example, and the loss of the small valuables' lockers which used to be provided in the reception area of Theatres is deeply regretted by students and staff. Bicycles left in the Hospital grounds are another major problem to their owners—being at risk not so much from professional (?) thieves as from children who, if unable to steal the whole bicycle, content themselves with removing all the accessories. Tighter security controls might help. A hospital must be fully open to the public who should be encouraged to visit it freely, but its staff and students are entitled to some protection for their possessions. One other problem area is the East Wing cloakroom—the hall is unattended overnight, apart from surveillance by security

patrols and many things have been lost from there. The employment of a night porter might help to reduce this problem and certainly Students' Club Officers and Residents should police the lobby during late night parties (Clubs' Union please note). Meanwhile, the answer is simple—don't leave valuables open to thieves and they won't be stolen. Incidentally, it is inadvisable to have new cheque books sent to the East Wing—even the Mail doesn't always get through. It is preferable to have your cheque books sent to a local branch of your bank or to a trustworthy friend. And while we are handing out advice, a word to those in residential accommodation —locking yourself in at night will prevent your being robbed while you sleep. It is, however, advisable *not* to leave the key in the lock, in case of emergency.

It is apparent that the loss of our possessions to thieves is as much our fault as anyone else's. At the beginning of each season, Security receives reports of rugger shirts and boots which have disappeared from the open cloakroom. When one learns that these shirts have not been looked at since last season, one's sympathy begins to wear thin. The unhygienic aspects of these practices are outside the scope of this editorial!

Admittedly there are faults in the security system at Guy's and much could be done, and indeed is being done, to improve the situation. But people are so eager to blame "the System" when they are themselves at fault. We know there are thieves about—forewarned should be forearmed.

We make no apology for here attacking the very people with whom we should perhaps be sympathising. Of course we are sorry for the victims of thieves, after all we are, each one of us, only too vulnerable. But instead of complaining after the event, we should be acting first to prevent it. We have one Security Officer at Guy's and he deserves our help. All we are suggesting here is common sense. There is nothing to be gained by overstating the problem, but it is very real. We *can* help solve it by simple expedients—why don't we?

Editor's note: Our thanks to Mr. Evans, Hospital Security Officer and Mr. D. G. Bompas, Medical School Secretary, for their help in preparing this Passim.

NOTICE

APPOINTMENTS BUREAU

Guy's men and women are reminded that Locum Tenens and Assistants with or without a view to Partnership may be obtained through the above Bureau. We are also able to assist in finding appointments in the Junior Hospital Doctor grade. Particulars may be obtained from:—

The Appointments Bureau,
Department of Postgraduate Studies,
Guy's Hospital Medical School,
LONDON BRIDGE,
SE1 9RT.
Telephone: 01–407 7600—Ext. 3341.

NEWS IN BRIEF

Commemorative Edition of the "Gazette"

According to the binders, our Special Edition should be available in mid-October. We would like to stress that all *Gazette* subscribers will receive one free copy and need only contact us should they wish to secure further copies. They, and any non-subscribers who would like a copy, are advised to send £2.50 (including postage and packing) to Mrs. Lyn Payne, *Gazette* Office, 16 St. Thomas Street, London, SE1 9RT. The Edition will also be on sale in the Colonnade in October, but a limited number only is available.

The Special Edition will be a stiff-backed sewn volume of approximately 240 pages including many illustrations. We would advise non-subscribers to order well in advance.

Bacteriology Scholarship

The Golding-Bird Scholarship in Bacteriology has been shared by Miss Anne Nixon, B.Sc. and Richard Henderson, B.Sc. The Bronze Medal was not awarded this year. Our congratulations to the successful candidates.

Mrs. W. D. Doherty

We regret to announce the recent death of Margaret Doherty, widow of William D. Doherty, F.R.C.S. Mr. Doherty was Superintendent of Guy's from 1948–1958 and he and Margaret will be remembered with affection by the many people who knew them.

Consultant Appointments

Warmest congratulations to Mr. Terence Gibson, M.R.C.P., on his appointment as Consultant in Rheumatology at Guy's. Dr. Gibson qualified here in 1966, and has more recently been the Senior Registrar in Rheumatology in the Hospital.

We also congratulate Dr. Martin Stern, now Consultant in Clinical Immunology to Leicester Hospital.

Music Club Christmas Concert

The Music Club will be performing a concert in Southwark Cathedral on Tuesday, 7th December, 1976. This is their annual Christmas Concert and the programme includes Ralph Vaughan Williams' Folk Song Suite for Orchestra, Boccherini's 'Cello Concerto and a Haydn Mass—the Mass in B flat, the *Harmoniemesse*. Orchestral players and singers will be greatly welcomed. The first choral rehearsal is on Monday, 11th October at 5.30 p.m. in the Ballroom, East Wing. Auditions for solo singers may be arranged by contacting Mr. N. Bathurst, B.Sc., the Music Club Secretary, c/o East Wing.

Gazette Appointment

The editorial staff are joined this month by Mr. Richard Henderson, B.Sc., and we are delighted to welcome him. Richard, who has been at Guy's for four years, claims that the *Gazette* will greatly benefit by the acquisition of someone famed for his (and I quote) "journalistic acumen and grammatical perspicacity". In spite of this, we look forward to a long and happy association.

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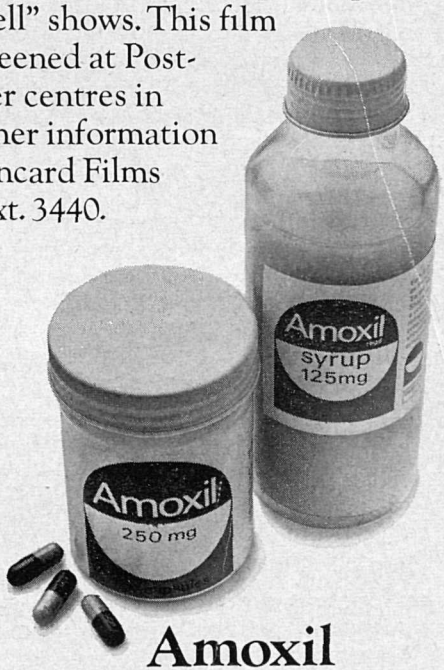

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Bencard

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Miss Thirza Swindells

Miss Thirza Swindells, Senior Tutor in the Thomas Guy School of Nursing, is retiring in November after 30 years at Guy's. Those who wish to contribute to her leaving present should send their contributions to Miss B. Bryson Whyte, Director of Nurse Education, Thomas Guy School of Nursing.

The B.Sc. Dinner

We apologise for an error in the announcement of the date of the B.Sc. Dinner—this will actually take place on Saturday, 2nd October, 1976 at 7.30 p.m., in the Robens Suite of the Tower and not on the sixth as previously stated.

Dr Herbert Antony Philcox

Dr. Herbert Antony Philcox died on 16th June 1976 at the age of fifty-four. Dr. Philcox, a very keen soccer player, graduated from Guy's in 1944. He left England for Canada in 1950 and there followed his chosen speciality of Orthopaedics. In March, 1952, he passed his Specialist Certificate in Orthopaedic Surgery and practised for 19 years in Nanaimo, British Columbia. He was awarded a Fellowship in 1972. At the time of his death, he was Orthopaedic Consultant in Campbell River. Our sympathy is extended to his wife Lee and his children from a former marriage, Susan, Antony, Nigel, Jane, Christine and Timothy. Also to his sister and two brothers who still live in England.

Re-opening of the Students' Bar

This auspicious occasion was greeted with much rejoicing from the thirsty student population of Guy's. The Bar, re-opened on Monday, 6th September, had been closed for one month and a week and although few of its habitués, except perhaps the occasional cockroach, were sufficiently loyal to remain dry throughout the long, hot summer (alas for Prohibition!), they are all delighted to be back home. Indeed, the enforced abstention is universally agreed to have been worth it—the redecoration has been highly successful and the early parts of each evening are now spent in much more salubrious surroundings. The later hours of the evening—well, who notices? But the bar *does* form an important centre in campus life at Guy's and it is good to have it resplendent and cheerful again.

Guy's Hospital Gilbert & Sullivan Society.

The Society is putting on a production of the 'Pirates of Penzance' in the Greenwood Theatre, with performances on the 25th, 26th and 27th of November. Details of tickets will be announced later.

Auditions for the performances will be held from Tuesday, 5th October to Friday 8th at 5.30 p.m., 1.00 p.m., 1.00 p.m. and 5.00 p.m. respectively. Any students or members of staff interested should come to the Music Room at the above times.

The societies A.G.M. will be held on Tuesday, 12th October in the North Common Room, at 5.30 p.m. All students interested are invited to come and vote. G. Zaki, Chairman.

CLUBS' UNION NEWS

This month's Passim is worth reading carefully, and contains words of warning to all of us (especially those who have had things lost or stolen). However, accepting the points put forward is one thing, but they require acting upon for the Passim to have served its purpose.

The powers that be in the Medical School and the Hospital realise full well the scope of the problem, and are trying their best to remedy the situation, as far as it is within their power to do so. There are certain aspects which, no matter how hard they try, they cannot influence as much as they would like. One of these aspects is you, the (average) student. As has been stated, in the Passim, a very large proportion of the losses and thefts are due to carelessness on the part of the student. For this, the Medical School and the Hospital cannot be expected to be responsible.

The Medical School and the Hospital are doing their part; it is up to you to do yours. DO be security minded. DO lock things up. DON'T leave cheque books and cheque cards in the same place. And if, despite all your efforts, something is stolen, DO report it to the Security Officer. He is responsible for Guy's, and knows the local situation just as well, if not better, than the police. He will then report it to the police. This is sufficient for insurance purposes, if you want to claim on your insurance for the article.

This raises the question of insurance. I would strongly urge that all students, be they resident in Wolfson or not, take out insurance policies for their effects. There are a number of policies available, of varying standards. For sound advice on such matters, there is John McGowan, the Medical Sickness Society representative, who is often around Guy's. Although the M.S.S. do not undertake general insurance, he will be able to tell you about the various policies, and will give unbiased advice as to their worth. If you are going for a normal, full-priced policy, combining home effects (fire and theft, etc.) with 'All Risks' on specified items (including credit cards and money), then go and talk to John (tel.: 549–2994).

For a cheaper type of policy, especially formulated for Guy's, there is the Kavanagh-Hutchins Agency on Borough High Street (tel.: 407–3892). They offer, with the Cornhill Insurance Co., a policy consisting of normal effects policy, at £1 per £500, including money (cash) and stamps (i.e. securities) each up to 5% of the amount insured, and you can insure specified items of value for 'all-risks' at a premium of £1.50 per £100 insured. There is also a separate clause for cheques and credit cards, for £1.50 for £200 of cover. This last is not normally found on student-orientated policies.

Other student-orientated policies are provided by Endsleigh, and also by Harrison-Beaumont, Ltd. The former offer a policy giving £500 of fire and theft cover for £5, and £300 of 'all-risks' for £4.50. There is, however, no provision for cheque cards or securities. Harrison-Beaumont offer a similar cover, only cheaper: £2 per £500 insured for fire and theft, and £1.50 per £100 for 'all-risks', up to a

total of £500, with no single item being insured for more than £200. Again, there is no provision for cheques or credit cards. Endsleigh may be found on the end of 580-4311, and Harrison-Beaumont on Witney (0993) 3251.

The information given above is subject to variations. Both Kavanagh-Hutchins and Endsleigh are putting up their premiums slightly this year, but the basic terms of the policies remain the same.

If you are not insured, there is no way that you can obtain any redress if anything gets stolen, or you lose anything. Basic fire and theft policies only cover items in a specified place, e.g., your room, and not against loss while out of the room. For that you need an 'all-risks' cover. Further, don't wait until you lose something before you insure: do so now! If you have any queries, and you can't find an expert readily, see me; I may be able to help.

Snowflake Ball

Advanced warning: the Snowflake Ball is going to be held on Friday, 10th December, in the E. Wing, as is usual. Also as usual, we want people to help—with the cooking, decorations, and the tombola. If anybody would like to help, either by organising, or by lending a hand (ears aren't essential, but they help), then please let Francis Hughes or me know. Any bright, or not-so-bright ideas are also welcome.

T. J. Palmer.

NOTICES

B.Sc. DINNER

in

The Robens Suite, Tower Block, Guy's Hospital

on

Saturday, 2nd October, 1976 at 7.30 p.m.

All Guy's B.Sc. graduates are welcome. Tickets are £6.00 and are obtainable now from Professor R. Warwick of the Anatomy Department. The price includes drinks but a bar will also be available.

'68 CLUB REUNION

This year's '68 Club Reunion will be held on Saturday, 27th November 1976, in the Roben's Suite, Tower Block, Guy's Hospital. The cost will be £5.50 per head and includes a Buffet supper with wine. Members who have not yet received details and who wish to attend should contact B. J. Rowlands at 27 Chancet Wood Rise, Sheffield S8 7TT, Yorkshire.

LATEST NEWS FROM NAPROSYN

"If aspirin is no longer the first line of treatment of rheumatoid arthritis[1–3] its place must surely have been taken by one of the propionic acid derivatives. But which one?"[4]

"The first choice among these propionic acid derivatives must be naproxen, which combined the greatest effectiveness with the lowest incidence of side-effects."[4]

Extracts from a comparative trial of four propionic acid derivatives that was recently published.[4]

Further details and full prescribing information on NAPROSYN (naproxen) are available on request from :— Syntex Pharmaceuticals Ltd., St. Ives House, Maidenhead, Berks.

References : 1. Huskisson, E. C., Reports on Rheumatic Diseases, No. 54, London, Arthritis and Rheumatism Council, 1974. 2. Huskisson, E. C., et al, British Medical Journal, 1974, **1**, 176. 3. Lee, P., et al, British Medical Journal, 1974, **1**, 424. 4. Huskisson, E. C., et al, British Medical Journal, 1976, **1**, 1048.

NAPROSYN is a registered trade-mark.

DR. W. N. MANN
Physician to Guy's Hospital

William Neville Mann, M.D., F.R.C.P., has been Physician to Guy's Hospital for over thirty years, and on his retirement from the staff an eminent doctor and a remarkable and brilliant personality has disappeared from the everyday scene.

He came to Guy's in 1929 with an exhibition awarded from Alleyn's School and the intellectual powers demonstrated during his student career gave much promise for the future, for he obtained three further scholarships on his way to qualification as well as collecting seven of the student prizes, including the Treasurer's Gold Medal both in surgery and in medicine. It was no surprise that he obtained the coveted "Clinical" appointment as well as subsequent house appointments at Guy's. After spending a period in the Pathology Department, he became medical registrar, at first to Sir Arthur Hurst and Dr. J. J. Conybeare, and later to Dr. Geoffrey Marshall and Dr. A. H. Douthwaite. In 1939, at the age of 28, he became tutor in charge of the preliminary clinical class but this appointment was interrupted by the War. In the R.A.M.C. he was for a period physician to H.M. Hospital Ship "Dorsetshire", serving in the Mediterranean and Indian Ocean. Later he served in

the Middle East as officer in charge of a medical division, obtaining the rank of Lieut. Colonel. On return to this country he was specialist in medicine at the Military Hospital, Edinburgh Castle, before he came back to Guy's. In 1946 he was appointed Physician to the Hospital. He became the first Director of the Department of Medicine in 1946 before a professorial unit was later established, and in 1963 he became Senior Physician to the Hospital. At the Royal College of Physicians he was Senior Censor and subsequently Senior Vice-President of the College in 1969–70. He was appointed Physician to H.M. Household in 1954 and in 1965 became Physician to the Queen until he relinquished this post in 1970.

These are some of the bare facts of a distinguished career, but there is more to be said as he is a very special person. He is one of those rare individualists who adds spice to the staff of a hospital. Apart from medicine, he has a wide knowledge of the classics and art and is a talented painter. He has no interest in sport and his exercise is mental, for intellectual productiveness is his greatest joy. His agile mind is sometimes difficult to keep pace with, and his remarks would often leave a lesser mind speechless. His humour is invariably delivered with an apologetic air as if by accident and is quite devastating. He was a real boon to countless authors of Residents' Plays as he provided them with a ready-written script of brilliance, and he was a joy to countless impersonators. He was very much the general physician, but had special interests in the reticuloses, no doubt engendered by his original work with Charles Baker, and also in gastro-intestinal disease due to working with Sir Arthur Hurst, who had a great influence on him. Because of his medical experience during the War he was one of the few physicians at Guy's who had any real knowledge of tropical disease. Among his writings, "The Medical Works of Hippocrates", written in 1950 with J. Chadwick, was an example of his intellectual interests, and in 1976 his Croonian Lecture "Biliary cirrhosis—an appraisal" was a classic and was published in full in the final number of *Guy's Hospital Reports*. For many years he has been Editor of Conybeare's Textbook of Medicine, and has been personally responsible for keeping it up to such a uniformly high standard. Many of his housemen and junior staff must have read through proofs of "the book" over the years. In addition, he will have influenced countless students and young doctors by his teaching and erudition, and would probably be surprised by the affection they had for him. He underlined the responsibility that they must have towards their patients and that nothing could override this. He emphasised the respect that should be accorded to patients at all times, and in particular to enable them to maintain their dignity in a serious illness. As a doctor he is kind and concerned; as a colleague he is the best one could wish for; as a Senior Physician for many years he was responsible as much as anyone for maintaining a happy and united atmosphere without any personal feuds. He will be much missed as a real character at Guy's, to which he is devoted.

G. W. S.

OBITUARY

GEORGE FREDERICK GIBBERD
C.B.E., M.S., F.R.C.S., F.R.C.O.G.

Countless Guy's men and women will remember with gratitude the teaching of "Gynae Gib" whose ward rounds on a Monday afternoon in Victoria Ward were such a feature. Fred Gibberd was an outstanding bed-side teacher. He had an incredible memory for past events and a gift for putting facts across, but there was much more than obstetrics to be learned from him: the courtesy and kindness he displayed toward his patients; a philosophical approach to life that was almost religious; and, above all, a devastatingly logical marshalling of the facts which he presented with such clarity that the conclusion was inevitable. He was able to sift out the essential clues in a difficult case, converting a complicated problem into a simple one, so that the management became obvious. Colleagues all over London would call him in when faced with an insoluble clinical problem. On those occasions he relished the prospect of being faced with what he referred to as a "dilemma". His great attention to the smallest details of the cases and his ability to see them in perspective enabled him always to be helpful. As his friend and surgical colleague, Mr. Grant Massie, used to say, "He could see further through a brick wall than anyone else".

Fred Gibberd came from Aske's Haberdashers' school to Guy's to study medicine in 1919. He qualified in 1923 and after "Clinical" was appointed A.H.S. to Mr. E. G. Slesinger and later H.S. to Mr. F. J. Steward. His first appointment in obstetrics was as H.S. at the

City of London Maternity Hospital. While he was there he applied on several occasions an instrument designed by Mr. Willett to the scalp of the unborn fetus and managed to control the bleeding from placenta praevia. Mr. Willett then wrote a paper on the use of his scalp forceps having had no personal experience of them. Gibberd returned to Guy's in 1925 as Registrar in Obstetrics and Gynaecology. He obtained the M.S. (London) in 1926 and the F.R.C.S. (England) in 1927. He used to say that he was greatly helped in his studies by the late Professor Spurrell with whom he worked in the evenings. In 1931 at the age of 29 he was appointed Assistant Obstetric Surgeon.

Mr. Gibberd made great contributions to obstetrics. He and Arnold Walker became the first two advisers in Obstetrics to the Ministry of Health. In 1928 they began investigating the circumstances of nearly 6,000 maternal deaths for the Departmental Committee on Maternal Mortality and Morbidity which was set up by the Minister of Health, Mr. Neville Chamberlain. At that time the maternal mortality rate was 4.4 per 1,000 births (it is now 0.16) and they found a "primary avoidable factor" in 46 per cent. Their reports of 1930 and 1932 were the forerunners of the Confidential Enquiries into Maternal Deaths which came out every three years. Soon after his appointment to the staff at Guy's Mr. Gibberd was elected gynaecologist to St. John's Hospital, Lewisham, but he gave this up when he was appointed to the staff of Queen Charlotte's Maternity Hospital and the Samaritan Hospital for Women. At Queen Charlotte's he was in clinical charge of the new isolation block until 1939. There he undertook fundamental research into puerperal sepsis with Leonard Colebrook and in 1936 investigated the efficacy of sulphonamides. As a result of this work the maternal mortality from streptococcal infection fell from 22.6 per cent to 5.5 per cent. His "Short Textbook of Midwifery" which came out in 1938 and has gone through many editions since bears witness to the lucidity of his writing. Much of Gibberd's conservative approach to obstetrics stemmed from his early experience with puerperal sepsis which was often the result of unnecessary interference and lack of care in asepsis. Right up to the time of his retirement he was constantly being asked to give talks on puerperal infection in order that obstetricians should be reminded of the steps they would have to take were the former virulence of some infecting organisms to return. Using a toy balloon Gibberd made original observations on the pattern of breathing in the asphyxiated new-born infant and with J. B. Blaikley designed a resuscitation outfit which was known by their names.

Mr. Gibberd became a foundation Member of the Royal College of Obstetricians and Gynaecologists in 1933 and in 1940 he was elected Fellow. In 1938 he became the second Honorary Secretary of the College, following Sir William Fletcher Shaw who, with Professor Blair-Bell, was responsible for founding the College. He did an enormous amount of work for the College of which he was very fond. He was the first Sims-Black Travelling Professor of the College in 1952 and lectured in New Zealand and Australia.

Illness at that time prevented him from receiving an Honorary M.D. from Melbourne University but this was put right last year at a special ceremony in London. During the war he served in the R.A.M.C. in North Africa and Italy in charge of the Surgical Division of a base hospital. In 1958 he was elected Vice-President of the R.C.O.G. He was a valued member of the Cranbrook Committee on Maternity Services and of the Medical Advisory Committee of the University Grants Committee. In recognition of his services to obstetrics he was made a C.B.E.

Fred Gibberd's influence at Guy's went far beyond his formal teaching. At medical committees he kept silent unless the discussion was getting away from the point or becoming acrimonious; then he would intervene with a courteous and commonsense approach indicating the right solution to the problem. He became eventually a Governor both of the Hospital and of the Medical School.

His resident obstetricians and registrars will remember with gratitude the response they always got to a call for help, by day or night: "I'll come in and see the patient". I remember waiting for him on such an occasion once in the early hours. He seemed a very long time coming. When eventually he arrived we discovered that his car would not start so he had walked the eight miles to Guy's all the way from Putney. He always had time to listen to anyone who brought a problem to him for advice. His wise counsel was sought by many who, while they may not have come away with the complete answer, would certainly have understood the problem better after discussing it with him. He was apt to become so absorbed with the matter in hand that he would forget that his lighted pipe was smouldering away in his pocket until those around him saw billows of smoke coming from his jacket. His wife Erica was always having to patch burn holes in his pockets.

Although he had the reputation of being ultra-conservative this was not necessarily so. Being aware of his limitations he was, in fact, always ready to listen to his juniors while they talked sense and he was quite willing to change his practice when he was convinced that the change was for the better. His use of gum-saline for blood volume replacement is an example. This was before the days of dextran. He was not impressed with plasma as an alternative and when the dangers of homologous serum jaundice from pooled plasma became apparent we realised he had been right.

Fred Gibberd was a superb craftsman and in his spare time he made cabinets and clocks. He took a keen interest in painting. In 1969 he and Erica retired to Dulwich. Her death in January of this year was a sad blow to him. Our sympathy goes to his sons Brian, a neurologist, and Graham, an architect, and to his daughter Rosemary, who studied physiotherapy at Guy's, in their loss of a great, humane, and remarkable man.

T.L.T.L.

RESIDENTS' PLAY 1976

ALI'S IN WONDERLAND

The Residents' Play reappeared this Summer to everyone's pleasure after missing a year. Its absence in 1975, together with other gloomy signs, such as the demise of Thatchings, had led many people to wonder if the tide of events was such that the last Residents' Play had been seen.

However this August, 'Ali's in Wonderland' was staged in the Greenwood Theatre. Possibly one beneficial effect of the time break was that nostalgia for the dear old Physiology Theatre was less than it might have been, for how else can one look back upon the matey and agreeable discomfort of the audience, the simple stage and effects and the facility with which activity in the wings could be observed at any moment.

This year's play resulted from the skilful merging of two themes. Basically it was a Guy's adaption of Alice in Wonderland but the almost inevitable backdrop theme throughout was the conflict, from which Guy's has not entirely escaped, over the location of some foreign patients within the Hospital, and their medical supervision.

The script by John Pearson and John Ayres was of high standard and in parts extremely clever, although perhaps a little of their ingenuity might have been lost on those in the audience whose recollections of Carroll's original story had faded somewhat. Perhaps some hints by means of costume could have helped here.

The score for the first time was not written for the play but so well were the tunes selected to carry the lyrics and meet the situation that at no time did they seem out of place in this otherwise original work; rather they seem to have been composed for it.

The lyrics written by several different members of the cast were all entertaining and sung with varying degrees of virtuosity but with uniformity of spirit. Of special note was the near professional rendering by Alice and the Dormouse of the final duet 'Come Into the N.H.S.', and also the chorister-like quality of 'Harpic' in 'Lobster Quadrille'. Perhaps because of its more middle-brow appeal, the magnificent physios' song (Chris Bevis and Dave Meyer) got the highest decibel rating though 'Renal and a Rockin' ' and 'Air on a G-String' did not come far behind. All the songs were enjoyable even though it is not possible to go through them individually.

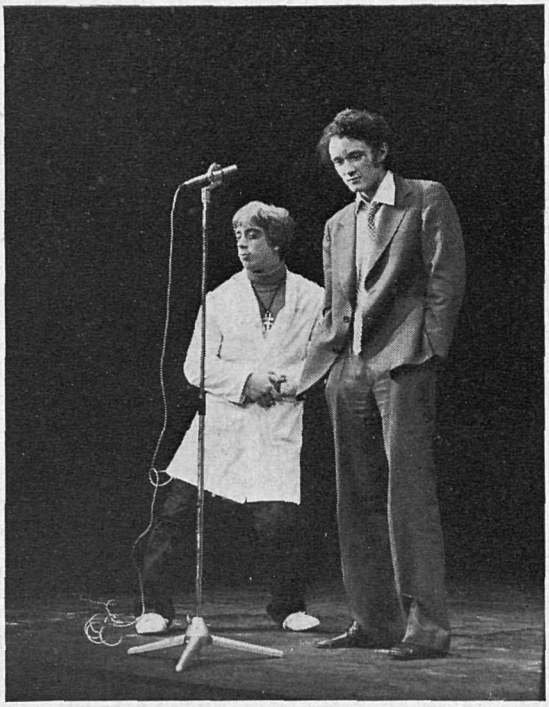
The first scene opens with slides showing Alice, a trained agency nurse reading a 'Teach Yourself Arabic' book on a sunny day in the Park. She is thinking of nursing in the Private Wing but is slowly dozing off. Suddenly Major-General (Superintendent) White Rabbit, who throughout the play invests his intermittent activity with great verve, scurries in front of Alice, leads her into the underground tunnel and up again to 'Snuffit House' where she encounters

'Rank Hellish' and 'Largely Wheals'. The conversation and songs of these gentlemen immediately reveal the secondary theme of the play since they represent independent and state medicine respectively.

As other colleagues, 'Brandy Reared' and 'Slim Strangury' join them, a curious anomaly in the plumbing is noticed when crude oil is found flowing from the mains. The economic potential is perceived by all, as well as the overriding need to keep news of the discovery from the Knave of Barts, 'Professor McOil'.

The other two characters in the opening scene are 'Mr. Blackbird' and a porter. 'Blackbird' after some not very retiring remarks, sings a farewell song with sympathetic help from the audience (Bye Bye Blackbird). The porter after an entertaining verbal explosion of Union ardour then takes two bottles of tap oil, mistakenly thought to be blood, to one of 'Blackbird's' haemorrhaging patients.

In the second scene it turns out that it is a Dormouse who has been the victim of blood/oil incompatibility and is on a kidney machine. Two identical dialysis nurses 'Angiotensin 1 and 2' greet Alice without much courtesy and sing 'Juxtaglomerular Blues', which is not the wash-out it sounds.



Nephron and Nephrogg in action

'Nephron' and 'Nephrogg' arrive and give a faithful performance. At this stage, the script gets very close to that of the

original 'Mad Hatter's Tea Party' until they break into 'Renal and a Rockin' ' accompanied by much tic'ing, picking, bead swinging and general gyration. They are interrupted by 'Professor McOil' and for the next few minutes, everyone has to withstand considerable gastro-enterological PUNishment. The Dormouse's comatose ramblings about oil, writing, wells etc., again ingeniously adapted from the original Carroll script, cause McOil to stumble on the truth as the first act closes. Alice then encounters 'Dr. Harpic' and 'Willie', who indulge in a few digs at surgeons and modern medicine before breaking into song. 'Harpic' sings the 'Lobster Quadrille' with some style, and 'Willie', 'The Mock Turtle's Lament', in fact a touching little leaving song.

Next in Snuffit House, a Red Queen is being admitted for an operation and is not too pleased at what she finds. She soon falls into the hands of two of the most android physiotherapists in the history of the Play and as she cowers under them, they render their already commended song. Before she has time to recover, 'Brandy Reared' is singing his. She leaves the stage screaming 'off with their beds'. 'McOil' appears, disguised as an Arab hoping by so doing to trick 'Strangury' *et al* into surrendering their oil rights. He accidentally gives himself away and is sent for trial.

Predictably the last scene is in court. The whole cast features in different capacities with 'McOil' in the dock. The White Rabbit is in his element as he reads the charge. 'Strangury' as chief prosecution witness sings a nicely waspish little song, stinging himself occasionally, Air on The G-String. 'McOil' is provoked into a lyrical defence of his actions, gathering considerable audience support in the process. A cured Dormouse enters and on the strength of his recovery, recommends that Alice should nurse within the N.H.S., rather than in the private sector. She remains unconvinced despite his Caruso-like qualities and everything dissolves into chaos with Alice shouting "you're nothing but a pack of cads".

The play indirectly reflected the altering influences within this hospital and the N.H.S. generally. Consciously or not, the authors avoided the sort of plot where everything, good or bad, is dictated by doctors alone. It will be interesting to see if this trend continues in future years.

The evening was a great success especially as, for the first time, the Residents had to perform in front of large audiences in completely professional surroundings. The author, producer and director must be congratulated for their skill and originality, together with all those who took part on or off stage for their hard work.

Now the play has been resuscitated long may it continue in its new surroundings.

R. R. Watkin.

EDINBURGH FESTIVAL DIARY

Guy's Theatre Group with Saint George and the Dragon

at the VIEWFORTH CENTRE

An amusing little play . . . well staged with dramatic use of lighting and sound. **THE SCOTSMAN**. *25th August.*

A good story . . . Plenty of thrills . . . Truly for adults and *children.* **TIMES EDUCATIONAL SUPPLEMENT**. *2nd September.*

10 a.m. Friday 20th August. A pile of equipment and many bodies litter the Nag's Head Yard, as the cast (Andrew, Chris, Mike, Graham, Tessa, Rob, Clare, Sarah, Steve, Dan, Alex, and Dick) await the arrival of their transport to Edinburgh. The lorry rolls up at 11.30 and by noon the company are piled into the back. The journey begins. 12.02: Tessa feels sick; 12.05: everyone else follows suit. So the 'Quells' appear, one apiece, all fall asleep. By three we are well north of London, but still have miles to go, and twelve hours in which to contemplate the rather

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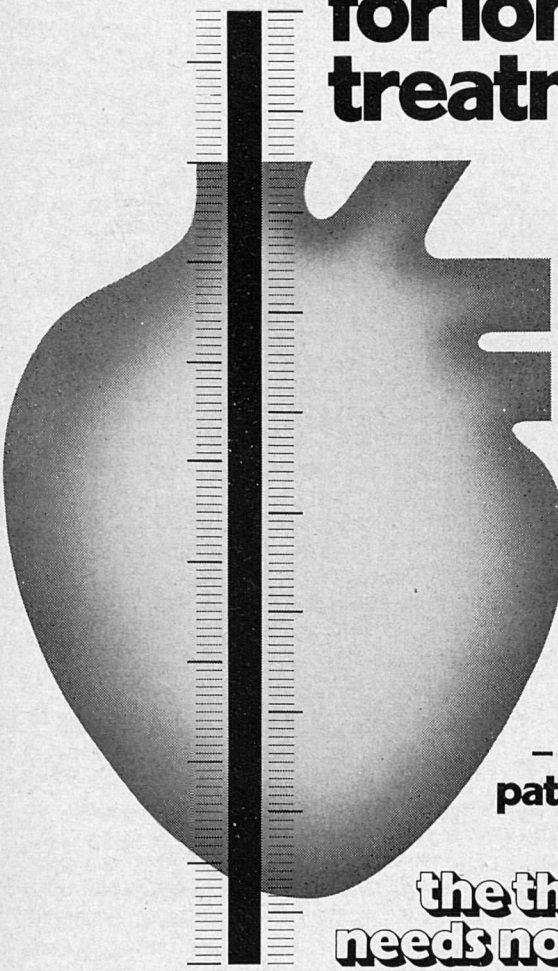

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miraculous fact that we, the Guy's Theatre Group, are taking a play to the Fringe Festival in Edinburgh. When we arrive we shall have no accommodation, our St. George may—or may not—arrive (courtesy Spanish Air Traffic Control), and in any case one of our actors, being unable to come, has been replaced by a director who has never previously rehearsed with the full cast.

3 a.m. Saturday 21st August. Last two hours over minor roads, bumping and bouncing in the back of the truck. If any of the lights have survived it will be a miracle. But on arrival at the theatre there is a pleasant surprise. The staff have waited for us, with steaming coffee and hot sausage rolls, the first of many kindnesses displayed in the coming week. Fed, and tired. we crash out on the floor of the theatre.

8 a.m. Saturday 21st August. Problems to sort out, so the cast rise early. A search party depart to seek somewhere to live. Pollock Halls make an offer; rooms at a reasonable rent. A couple of hours later they change their minds. "The offer was a mistake," said the Manager, "We can easily get £10 a night for them." But by lunch time the problem is solved. Two flats appear as if by magic (with a little help from Dr. Uttley of the Edinburgh Hospital for Sick Children). Meanwhile the technical staff slog away; it is already dawn when they leave the theatre.

Sunday 22nd August. St. George will arrive. We will have a dress rehearsal, take part in the parade, and afterwards retire to one of the many bars to relax. Unfortunately St. George does not arrive, and the theatre is not prepared. At 5.30, leaving the technicians to attend to a muddle of wires the actors depart for the parade. And what an experience it turns out to be. The route winds through the city for two miles, the crowds lining every inch of the way, twenty deep in places, finishing in the Grassmarket where the tramps emerge from their hostel to gape and beg, and an American band attempts to load itself back into a wagon without much success. Then back to reality. St. George has rung. He will fly up tomorrow. Gloomily, the rehearsal begins at 11pm; the last to bed collects the milk from the doorstep.

Monday 23rd August. Lunchtime. Still no sign of St. George. After a heated meeting we telephone the Fringe organisers to cancel the show, due to begin at 4.45. "Not to worry," says Alastair Moffatt brightly; later that afternoon a notice goes up at the Fringe H.Q. "Guy's Sold Out; Tickets available for tomorrow." Resourceful people these Scots. Then St. George arrives, and we can at least rehearse—after a fashion. The rehearsal is a shambles, audience one . . . the Critic for the Scotsman. We hold our breath and await his verdict.

Tuesday 24th August. After a good lie-in and lunch at the pub we're ready to go. The doors open at 4.45 to admit . . . 17 people and a dog. This package includes two critics; one from Kaleidoscope (Radio 4), the other from the Times Educational Supplement. Afterwards, a welcome drink, and we go our various

ways until we meet at midnight in the Fringe Club, to buy Wednesday's copy of the Scotsman—and our Review, which we dread . . . Jubilation! What he says is all to our good.

Wednesday 25th August. A publicity drive is mounted. In the afternoon we're out being filmed in the Meadows for an American TV network. This evening the audience breaks twenty.

Saturday 28th August. The week ends with a satisfying audience of over 100—excellent by Festival standards. The performance is followed by last minute celebrations. At midnight our Festival is over, and we face the prospect of a 15-hour return trip to London. All aboard, and Steve cranks up the pumpkin. Tess goes in the front, dealing out the fags and chatter. Staying awake is the hardest part.

Our thanks go to all in Scotland who were so kind, and to those who stayed in London, without whose help the whole episode would not have been possible. If we are to go again, as many of us have determined to, we must learn from our mistakes, and we must also have the support from Guy's as actors, back-up, and most of all, as audiences. Do come and see us sometime; or better still, join in!

Graham Prince.

CURIOUS PROBLEMS
No. 10

EXPRESSING TWENTY FOUR

Using as many of the numbers from 1 to 9, express 24 in equation utilising 3 digits all of which are the same.

e.g. $22 + 2 = 24$

$8 + 8 + 8 = 24$

ANSWER TO CURIOUS PROBLEM No. 9

HURDLES AND SHEEP

If the enclosure is to be rectangular, the nearer the rectangle approaches to the form of a square the greater will be the area (i.e. fewer hurdles will be necessary for the enclosure). But the greatest area will always be when the hurdles are arranged in the form of a regular polygon. The 12-sided figure or regular didecagon encloses the largest possible area for 12 hurdles—room for about 11 sheep and $\frac{1}{5}$. Eleven hurdles would only accomodate a maximum of about nine and nine-twenty-fifths, so that 12 hurdles are necessary for ten sheep.

The square formed by hurdles (4 x 4), would only accomodate nine sheep.

NURSING

THE STANDARDS OF SELECTION

It is a very well known fact that the educational requirements for entry to nurse training in this country are not, and never have been, very high. School teachers still regard such a career with total disdain, and any pupil who announces her intention of adopting it is considered to be an academic failure, and unworthy of any further teaching.

There are of course many arguments as to whether or not one requires a high academic ability to undertake training, and these will doubtless continue for many years. It is also true that many applicants who do not have an extremely good examination record proceed to become very efficient nurses.

Despite this there is a good argument for stating that potential candidates should be able to communicate both verbally and in writing, in a manner which is efficient, and that they should possess a sufficient level of intelligence to understand the basic essentials of principles which they have to learn in order not to endanger the lives of their patients.

However, it would be correct to say that in many instances these ideals are not being achieved. Furthermore, trainees who are accepted without these abilities are being examined and declared fit persons to apply for acceptance as either State Registered or State Enrolled nurses.

This does cast much doubt on both the selection and assessment processes, and leads one to think that both have been conducted more with a view to maintaining staffing levels, than to the quality of service which will be offered.

At the present time, hospitals are experiencing no difficulty at all in recruitment at every level. Any post which is advertised brings in its wake an avalanche of enquiries. It should therefore be possible to improve the quality of nursing staff, since one can be a great deal more selective. Surely then, all those involved in appointing both trainee and trained staff should be using the situation to the advantage of all concerned. In doing this, it should also be possible to exert more discrimination over the choice of candidates for post-basic specialist training courses. Many of the applicants for these are either reluctant to take responsibility, or certificate collectors. They have no intention of engaging in the particular type of work involved for any length of time, and thus wasting the time and money spent in their training.

Surely the unprecedented situation which now exists should be turned to improving nursing standards. At the same time, it should behove those responsible for examining the trainees to look at their methods and ask themselves if they are allowing incompetent and potentially dangerous nurses to become registered practitioners.

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1. Am. J. Cardiol. 1976, **37**, 159. 2. Clin. Pharmac. Ther. 1974, **16**, 330.
3. Am. Heart J. 1973, **86**, 771.

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PHYSIOTHERAPY

Physiotherapists, like other members of the supplementary professions, have been taking steps to ward off the evil eye of McCarthy, whose report has been widely expected amongst them to stipulate union-membership as a pre-requisite for N.H.S. employment —a closed shop, in fact, such as has been enforced elsewhere. Speculation had extended, even, to the possibility of certain named unions, or at best only those affiliated to the T.U.C., being the only acceptable bodies, but as yet no such pronouncement has been made, and the whisper is that when the report does appear it will be for discussion and not mandatory.

The steps taken have been for the Chartered Society to register again as a union—a state of affairs that had existed under the previous Act—and to apply for recognition as an independent union. Whether or not affiliation with the T.U.C. would be sought, and, if sought, whether or not it would be granted, are conjectural.

The generality of physiotherapists are not union-minded, and many see an incompatibility between membership of a profession and of a union. Nevertheless, a significant number of individuals and of groups in some regions are believed to have decided that their future is in jeopardy if it is left in the hands of what are in essence part-time amateurs in their own Society's Council and its various committees, and to have joined one or other of the unions which have been making welcoming noises in our direction.

It is easy to appreciate their concern, because little positive leadership has communicated itself to the membership of the Society despite reassurances that all is, was and ever shall be, well, an assertion that some have found hard to accept. Fumbling attempts to set up some sort of a steward system have been made, but with a markedly half-hearted follow-up, so that while we in the Guy's District have duly elected a steward and given notification of the fact, nothing has happened subsequently except an acknowledgement addressed to somebody else.

In fact, we do not want to join a union, nor are we convinced of its necessity. The fact that we must already subscribe annually to our Society and pay a retention fee to remain on the State register so that we may work in the Health Service, inclines us to the view that we are doing all that can reasonably be expected of us in this respect. To be convinced, we will need to be given facts, and to make a rational choice we will want to know all the options open to us.

The only sensible advice handed to us so far is to do nothing. After all, it may go away, who knows? But if it does not, and if we remain unconvinced, what would be the outcome of our refusal —and, conceivably, that of other like-minded persons in parallel professions—to toe the line? Could this be a reason for the delay in publication of the report, perhaps?

RADIOGRAPHY

Since the 1940s there have been many major changes in both diagnostic radiography and therapeutic radiography, and hence in the associated field of radiation protection.

In diagnostic radiography the phenomenal changes in equipment and instrumentation have resulted in it being possible to undertake, as routine, examinations that would have been impossible 20 years ago. With modern equipment, particularly closed circuit television coupled with image intensification procedures that previously resulted in high doses of radiation to patients and staff now result in a very low dosage per examination. This is of particular advantage to the radiography and radiology staff, and on the whole is greatly beneficial to the patient. In radiology, it means that the clinician can be provided with the relevant information for diagnoses and management without his patient receiving an excessively high radiation dose. However, having the necessary facilities to enable complex techniques to be undertaken does not always mean that the total dose received by the patient is reduced. It would in fact appear that the average dose per patient in the United Kingdom is increasing, although, as previously stated, the dose per examination has decreased. This results in the situation that whilst the radiology departments have high standards of protection for patients, and there are staff responsible for ensuring that protection is well used and is seen to be used, those who finally determine the dose received by the general public are physicians and surgeons.

In radiotherapy things have been slightly different. The advent of megavoltage equipment meant that much more radiation could be delivered in much less time. This radiation was also more penetrating and therefore presented a greater potential hazard; requiring wall thicknesses that would in some cases have done justice to certain of England's castles! At the time that electrical megavoltage equipment was starting to become available nuclear physicists were making available from their reactors many artificially produced radioactive materials with very high activity.

This meant that departments now had available large high energy radiation sources that did not need sophisticated electrical circuitry—but, they could never be switched off. This problem was however reasonably easily overcome by the use of large amounts of lead, and thick walls to the treatment rooms. Generally in radiotherapy the staff now receive lower doses than do the staff in the diagnostic departments, possibly because the protection measures have to be more positive.

SOME OBSERVATIONS ON THE TREATMENT AND MANAGEMENT OF HEROIN DEPENDENCE

by Philip Howard

Extent of the Problem in the U.K.

The problem of opiate addiction did not begin in this century. Opium was available and used in the nineteenth century almost as widely as is aspirin today. It was romanticised in Thomas de Quincey's "Confessions of an English Opium Eater" (1822) and his addiction was shared by a number of his distinguished contemporaries including: William Wilberforce (leader of the movement for the abolition of slavery); Isaac Milner (President of Queen's College, Cambridge and Dean of Carlisle—who took up to 8½ grains every six hours); Henry Addington (Permanent Under Secretary for Foreign Affairs); Samuel Taylor Coleridge and Sir James Mackintosh (philosopher and lawyer). Its use was also apparently widespread in London and amongst the cotton manufacturers and workfolk of Manchester, where, according to de Quincey, it was due to the "lowness of wages, which would not allow them to indulge in ale or spirits".

However, in this century, the problem of opiate dependence in the UK has never been on the same scale as in America and it has generally been regarded more as a manifestation of personal illness than of criminality. Though humane, this oversimplified view tends perhaps to obscure the fact that often both elements co-exist.

Until the Second World War, the majority of opiate addicts received their supplies legally on prescription. Most addicts (80%) at that time were unknown to each other, were frequently "therapeutic addicts", and by no means constituted any special threat to society, although there remained a small but hard core of medical and allied personnel (15%) who were addicted and a smaller number of non-therapeutic addicts (5%). During the 1940s there was an increase in the number of offences for cannabis (which had hitherto been confined largely to merchant seamen), especially by professional jazz musicians.

Throughout the 1950s there was a slow increase in the use of opiates, and a noticeable change from the use of morphine to that of heroin—which may have been a reflection of the pattern in the States at that time. The non-therapeutic addicts known to the Home Office were mainly of the professional and allied classes, often with a literary, artistic or intellectual background.

By 1960 new trends in the pattern of opiate addiction were emerging. Heroin usage was extending to a much younger age-group and there was definite evidence of sub-group formation especially amongst youngsters in the London area. Supplies were obtained either on the black market, particularly in the Soho-Piccadilly area, or legally through prescription. Unfortunately,

while it would seem that many doctors at the time were trying hard to cope with a rapidly expanding problem of addiction, there were a few who prescribed in excess of addicts' needs, thereby contributing further to the problem. Indeed, a considerable number of present-day addicts now attending clinics, took advantage of this mid-60's boom in heroin prescriptions. In view of these difficulties, an Interdepartmental Committee recommended setting up treatment centres where addicts could be managed on a maintenace basis in conjunction with facilities for research, treatment and rehabilitation. The peak prevalence of heroin addiction was in 1969 (approx. 3,000 in England and Wales), since which time there has been a gradual decline in numbers.

Present state of addiction in U.K.

At present, the prevalence of heroin addiction is steady, if not actually falling. Men outnumber women by 5:1, and the majority of addicts are young and unmarried. The presenting pattern is very often of multiple drug use beginning in the early teens and not infrequently preceded by some history of delinquency. While it would seem that heroin dependence affects all social classes, addicts tend to attain a lower social status than their parents and show a poor work record. Often a history of psychiatric or personality disorder is either present or suspected. Often the particular pattern of drug use will depend upon drug availability. This can be seen in the example quoted above by de Quincey, in the switch from amphetamines to other drugs following the withdrawal of the former from the market in the mid-60's and in the present-day switches from heroin to barbiturates when heroin became unavailable, which as we shall see later is a particularly dangerous and potentially fatal switch. There remains, as always, a small hard core of medical and therapeutic addicts.

The aetiology of addiction

While some idea of the aetiological factors in drug abuse is obviously necessary for satisfactory control and management, the available data is often inadequate, based upon highly selected groups of addicts (not infrequently those in institutions) or has some degree of observer bias. The situation is further complicated by the rapid changes occurring in the "drug scene" and the difficulties and dangers of transcultural comparisons. Nevertheless a number of hypotheses have been proposed which, if nothing else, help to underline the complexities involved and stress the importance of a multidimensional approach to the problem.

Hence, Wikler in the States (1952) viewed drug dependence from a behaviouristic point of view and concluded that it develops on a similar basis to Pavlovian conditioning reinforced by the repeated experience of the subject's environment, his way of life and the experience of withdrawal symptoms. In an interesting experiment conducted in 1969 he demonstrated conditioned abstinence symptoms in rats addicted to etonitazene (related to morphine, but about 1,000 times more potent as an analgesic). He found that he

could evoke conditioned abstinence signs in these rats long after they had been abstinent from the drug. One wonders whether the ex-addict's problems are not confounded by conditioned withdrawal on return to his "home" environment. We are all familiar with how ex-smokers cannot bear others to "light up" in their presence. He also concluded from his own personal studies that:—

1. People addicted to opiates show persistent changes of mood even when they have unlimited access to the drug.

2. That withdrawal from opiates is easily accomplished—it is continued abstinence that is difficult.

3. That tolerance to the pleasurable and euphoric aspects of opiates is soon accomplished and they are rarely reported again by a given person in spite of an increase in drug dosage.

His findings are also supported by those of Hill (1962) who suggests that addicts show a common trait of social deviancy and that this characteristic existed long before they became involved with drugs. He suggests that the increased susceptibility of the socially deviant to addiction may be due to:

1. A basic deficiency in ordinary social pursuits and

2. A tendency to show little guilt or anxiety for the social consequences of their behaviour. This also tends to be the experience in this country if truancy is regarded as a sign of deviance.

Gerad, Koretsky (1955) and Chein (1964) concluded that in areas where illicit opiate use is endemic, people are unlikely to become addicted without some underlying psychological disturbances. The former workers conclude: "becoming an addict is a highly individualised process that can only be understood in the context of the individual's personality structure, past life situation and persistent interaction with the significant figures of his familial and peer groups".

It is often popularly assumed that heroin dependence is a means of escape from life or personal prebloms or a sign of personal inadequacy with the addict viewed as an aimless, half-crazed, semi-conscious individual in a state of near-permanent stupor. In contradistinction to this view, Peble and Casey (1969), following a "field" study of heroin users in New York City, concluded that "drug use is anything but an escape from life, rather it was a highly organised system of productive, though basically antisocial form of behaviour in which transient satisfaction from drug taking is only a minimal aspect of the way of life. *A priori*, one might expect that to survive at all on the streets of New York as an addict requires a high degree of vigilance and an ability to escape detection and find new contacts. When an addict "takes care of business" he is anything but slothful.

Of studies conducted in this country Cockett (1971), studying addicts in a remand centre found that drug usage "was a generalised characteristic rather than one related to any drug substance". Some 20% of subjects had discontinued drug usage, which could represent a "natural remission rate". Family disruption

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was unrelated to drug-taking, when addicts were compared with non-addicted offenders. Furthermore the "typical addict" (if such exists) had "a poorly integrated personality, was likely to be hypochondreal in his attitudes towards symptoms and tended to be rather radical and non-moralising in his social attitudes". Willis (1974) found that users were typically young, unmarried, with poor work records and with parents who showed a greater than normal incidence of alcoholism, criminality and separation or divorce.

Clearly, drug-dependence is a multidimensional problem involving not only the pharmacodynamics of the particular drug(s) in question, but also personal and social factors within a particular cultural and historical setting, in a dynamic way. Usually studies are based upon highly selected groups, though a few field studies have been attempted, notably by Kosviner (1968) and D'Alacron. These have tended to view dependence as a contagious disease and employed more conventional epidemiological approaches.

This article will be continued in next month's Gazette.

CORRESPONDENCE

Nice One Arthur

SIR,—Many readers with an interest in natural history will be intrigued to learn of the wealth of wildlife to be found at Guy's. Not only have several kestrels been spotted circling the Tower Block, but recent reports suggest that a fourth species of cockroach has established a foothold in an as yet undisclosed area of the Medical School basement.

It is believed that the Oriental Cockroach (*Blatta orientalis*) colonised the hospital more or less as soon as it was built and was followed in the nineteenth century by its American and German cousins. The appearance of a new species —the Dusky Cockroach—after more than a hundred years, is therefore most encouraging.

It is rumoured that senior members of the Catering and Bar Committees are at this very moment keeping watch over the breeding grounds of this shy nocturnal creature to ensure that it is not disturbed or molested in any way.

As natural scientists, we in the medical profession, must take a stand on conservation. Regrettably, it may prove necessary to close down a ward or two as colonisation proceeds. Surely this is but a small price to pay for the privilege of playing host to one of the most extensive entomological collections this side of West Smithfield.

East Wing,
Guy's Hospital, S.E.1.

Yours faithfully,
ARTHUR R. O. POD, M.B., B.S.

Greenwood Theatre

SIR,—In the report (August) on the Greenwood Theatre's failure to draw people in sufficient numbers, Mr. Warren presumes that this was due to inaccessibility and unsuitable material.

I personally found neither of these factors particularly demanding, but I did find the behaviour of some sections of the audience both insulting to the performers and disturbing to the majority of the public present.

Two seat changes and frequent requests for quiet did nothing to aleviate the interruptions from constant chatting, giggling, and sweet-unwrapping, and after a miserable two hours I was forced to the conclusion that in the face of this sort of ignorance, talent and comfort count for very little—and I returned permanently and gratefully to the wooden benches of the Young Vic.

Yours faithfully,

D. M. GARRETT.

8th Floor Tower,
Guy's.

BOOK REVIEWS

"Materia Medica for Nurses", by W. Gordon Sears and R. S. Winwood. Price £2.95. Published by Edward Arnold.

This book which was first published more than thirty years ago, has become well established as a standard text for nurses. The latest edition has been considerably altered in order to incorporate information about the many recent advances in therapeutics, and alterations in the legislation regarding drug control.

The text of the book is clearly written, and commences with a chapter explaining the terminology associated with drugs and their prescribing, and the legal rulings applicable to their administration. The chapters thereafter describe drugs in relation to the various systems, and their normal physiology. These all provide a great deal of information which is essential for the student, and much of which, should also prove useful to the experienced nurse. Particularly interesting are the chapters towards the end about antimicrobial agents, and radioactive isotopes.

The final chapters describe weights and measures and normal dosages, and also a very useful list giving both the approved and trade names of some of the more commonly used drugs. This is particularly helpful to nurses who experience the not uncommon difficulty of persuading medical staff to write prescriptions correctly.

This book has proved its worth by virtue of the fact that it has now reached its eighth edition. It makes a worthwhile addition to the personal library of any nurse, and, in these inflationary days is quite reasonably priced.

P. M. J.

"Stroke: A diary of recovery", by Douglas Ritchie. Pp. 184. Price £1.10. Published by Faber & Faber.

This little book is a classic—and deservedly so. It first appeared in 1960, and the paperback under review dates from 1974. Within its small compass it contains a heart-warming account of one articulate man's fortitude and perseverance in the face of what must have seemed overwhelming odds. Articulate, that is, until the sudden onset of the stroke with aphasia which deprived him of his means of communication; and then the prolonged struggle with his disability until he regained a large measure of his customary articulateness, as well as overcoming many of the physical losses.

For a man like Douglas Ritchie, former Head of B.B.C. Publicity, the onset of aphasia at the age of 50 must have been a particularly severe blow, since communication was his whole *raison d'être*.

It is often difficult for medical students and doctors to put themselves in the position of patients wtih various disabilities: we may share the experience of life with a fractured limb or slipped disc or pleurisy; but we have no direct experience of how it feels to be old or to have a stroke or to suffer from aphasia. This book performs a valuable service for our profession, since it gives a remarkable insight into the problems and frustrations of an aphasic patient.

It also illustrates some of the difficulties and deficiencies in management of such a patient. Mr. Ritchie's initial lack of understanding of his situation may well have been no one's fault, but his initial encounter with a speech therapist was unsatisfactory and—particularly notable in this account—his lack of properly-directed occupational therapy was little short of tragic. With characteristic determination he found out for himself how to cope with various functional deficits, but his life would have been much easier far sooner had he received effective occupational therapy from an early stage of his disability.

Mr. Ritchie is frank about his generally adverse reaction to various professional helpers and their special techniques; to some extent he was his own enemy but—according to his account—their method of introduction sometimes left something to be desired. And, of course, there is always the question of personality in both staff and patients. . .

All in all, a most rewarding book. No—repeat, *no*—medical student should fail to read it and to learn from it. And perhaps the main lesson to learn is

that this country needs to strive for a better, more co-ordinated, therapeutic and rehabilitation service for its stroke patients, from the outset of their illness, ideally by the creation of stroke units in the main hospitals and rehabilitation centres where the expertise of the various disciplines which have a real contribution to make can be pooled and used for the greatest benefit of the patient.

D. E. Hyams.

SPORT

Sports Commentary

We have just come to the end of a blistering summer, which for the Hospital has not been a particularly busy sporting time—at least for organised team sports! The cold spell has brought us down to earth with a jolt—a chilly presage of windswept Rugby fields to come.

The short gap between the Cricket and Rugby (or Soccer) seasons allows us like Janus, to look back on our achievements in one "field" whilst anticipating them in another. The cricketers can look back with some satisfaction at a season with perfect playing conditions, and good results. The Rugby club can look forward to a better year, particularly in the Hospitals' Cup competition. Our defeat at the hands of the London Hospital last year can surely be avenged. In common with all other clubs, the rugger enthusiasts will be keen to see the freshers arriving next month. Let us hope the new students will find a sporting club which they can join and support before being gripped by the infamous Guy's apathy.

The revelation in this column in June's *Gazette* about the use of the squash courts by non-members of the Clubs' Union has brought results. The Athletic Club's Committee decided earlier this month to revise the arrangements for booking courts, such that Clubs' Union members will be given priority. The booking list will be put up in the East Wing on Thursday mornings, and be transferred to the Pavy gymnasium on Fridays.

In recent months, not only have non-Clubs' Union members been using the courts, but even complete outsiders have "adopted" the Guy's facilities. Consequently there will be a series of spot checks to eradicate these abuses. Students are therefore advised to carry their Clubs' Union membership cards when using the gym.

CRICKET

1st XI Report

As a continuation of the report given in the June issue, the second half of the season's results were as follows:

27th June v. BRIXTON WEST INDIAN C.C. — MATCH DRAWN
Guy's 234 for 2 dec. (C. Langdon 170*).
Brixton W.I.C.C. 167 for 7 (R. Henricus 4 for 53).

10th July v. NOMADS C.C. — MATCH DRAWN
Guy's 203 for 6 dec. (M. Glover 92).
Nomads 184 for 6 (M. Glover 5 for 47).

17th July v. WOLDINGHAM C.C. — MATCH DRAWN
Guy's 247 for 6 dec. (S. Taylor 82, M. Glover 73).
Woldingham 132 for 9 (G. Owen 4 for 62).

24th July v. OLD CASTLETONIANS C.C. — LOST BY 132 RUNS
Old Castletonians 193 for 3 dec.
Guy's 61.

Semi-Final of The Hospitals Cup

13th July v. THE LONDON HOSPITAL — At H.O.P.
London Hospital 181 for 8. Guy's 103.

Once again The London managed to cast a spell on Guy's and destroyed a chance in the final. However the match was not without its excitements and in the full 60 overs that the London used they could only manage a rate of 3.0 runs an over. The London were certainly tied down by extremely accurate spells by Graham Owen—25 overs for 64 runs and Ian Phoenix—15 overs for 31 runs. The fielding must not go unmentioned either with Billy Hughes performing a most spectacular run-out from the third man boundary.

With a relatively low run rate to keep to Guy's started in a determined fashion with Chris Langdon hooking the first ball for 4. Alas this was not to continue and the wickets quickly crumbled. The only resistance came from Ian Nicholson and Graham Owen who managed 20 and 24 respectively.

Even if the result was disappointing, the spirit which the team adopted for the match must be congratulated and well illustrated by John Harker who fielding during the morning managed to dislocate a finger. A visit to Lewisham Hospital and a once prominent member of the Guy's side—Alistaire Cooke managed the treatment so that with finger splinted John returned to bat.

Cricket Tour

Sunday, 1st August v. BOGNOR C.C. LOST BY 44 RUNS
Bognor 179 for 8 dec. (G. Owen 6 for 58).
Guy's 135 (L. Hughes 43).

Monday, 2nd August v. WORTHING C.C. LOST BY 9 WICKETS
Guy's 130 (C. Langdon 80).
Worthing 133 for 1.

Wednesday, 4th August v. MIDDLETON-ON-SEA C.C. WON BY 7 WKTS.
Middleton 174 (G. Owen 6 for 70).
Guy's 175 (C. Langdon 92, M. Glover 34).

Thursday, 5th August v. CUCKFIELD C.C. LOST BY 4 WICKETS
Guy's 114 (I. Nicholson 38).
Cuckfield 116 for 6 (G. Owen 4 for 49).

As always the Cricket Tour brings to a close the season but this year was to be a tour with a difference—no Thatchings. However we were not to be unhoused and the landlords of the Berkley Arms and The Ancient Mariner in Bognor are to be very gratefully thanked for giving such excellent accommodation. The results to a certain extent explain the story and the notable success was the win over Middleton. The matches against Bognor and Cuckfield were extremely close and in both cases a few more runs would have made the difference. During the five days two players achieved excellent results: Chris Langdon—on his seventh tour, made 197 runs in his three games and secondly Graham Owen who had bowling figures of 80 overs, 16 wickets costing 227 runs.

Off the cricket field each day had its story—it appears Billy Hughes and Mike Glover made regular attempts to save midnight bathers off the Sussex coast and the former was certainly not slow to tell of his 74 and 70 rounds at the Goodwood Golf Course.

All those present seemed to enjoy their five days away from amalgam bashing and blood taking and this was so clearly illustrated on the last night—or more accurately in the alert (!) eleven that took to the field against Cuckfield. My apologies to the ten who took to the field—the eleventh decided that he had opened the bowling enough and that his contribution could be more in the way of looking for rare insects within the hedgerows of Cuckfield!

Splendid weather with excellent hospitality both at the hotels and the cricket clubs ensured a week to remember and allowed another highly successful tour to be added to Guy's cricketing history.

Summary of the 1976 Season

8 Won, 4 Drawn, 8 lost, 2 Abandoned

Now that the evenings are drawing in and H.O.P. is decorated with white posts, there is time to reflect over the past season. The results were extremely pleasing with an increased number of wins over previous years. However results don't speak the full story and especially they don't record the vast numbers of people jostled in the bar on Thursday and Friday nights to replace those who had become unavailable. In the June issue of the *Gazette* personal triumphs are listed but my personal appreciation must go to the four past Captains Messrs. Langdon, Wright, Rees and Jones who returned for many matches and with great success.

Finally my words of thanks must go to all the girls who so kindly came to H.O.P. to score—without them match reports would be impossible, and also to Joyce and Eric Dann and all the groundsmen who worked so hard amid a summer of minimum rain and maximum thirst. S. D. B. T.

MOUNTAINEERING

Guy's Mountaineering Club Annual Report, 1975-76

After the previous year's busy, if somewhat disorganised, expeditions to the mountains of the country in various members' cars, our more active members decided to get the club on a more organised and constitutional footing. Hence an A.G.M. was held in mid-December when the extraordinary number of 20 people turned up. We all staggered out from this meeting feeling somewhat light-headed with a Secretary/Treasurer, one more Vice-President and six Committee members to our credit and the remaining trips of the year provisionally organised.

The previous months of the term were spent in two trips to Derbyshire, climbing at Stanage, Froggatt, and Lawrencefield Edges near Shoefield, where a wide range of routes was climbed. One trip was made to N. Wales where the skies opened all weekend, so not much climbing was done. Five intrepid men did venture on to the Idwal Slabs although this more resembled a waterfall than a rock face. Saturday night was spent in the Pow-y-Gwryd Hotel, the starting point of many Everest expeditions. We were celebrating Tim Miller's birthday in the residents' lounge no less—due mainly to a misguided respect for Guy's students, no doubt. The next day was spent pottering back to London via the Swallow Fall in Betsycoed, pubs various, and the Severn Valley Steam Railway.

1976 opened with a crisp and snowy weekend in Derbyshire, the biggest event being Dave Downing developing flu and the whole party (but one) contracting it in the following two weeks. The other event of major significance was of most of the club rolling about in hysterics over Tim Miller's pathetic attempts at climbing a face with the sole aid of pitons, three ropes and much swearing.

The next two trips found us in Wales. The first produced strong icy winds which curtailed any climbing on the Sunday. The second provided much drama on the Saturday with Richard Johns diving over a boulder whilst running to the pub and breaking a leg necessitating a helicopter rescue to Bangor Hospital, only to find he was treated by a Guy's man (what else!). On the same day on the other side of Snowdon, Mike Trebble, an honorary member of Guy's M.C., slipped whilst running down a slope, giving us all fears of another fracture due to the curious bend of his lower leg. We decided this was rickets when we compared it with his other leg. *Warning:* Do not let dentists diagnose anything out of the mouth. The Sunday was rounded off by three of our aspiring climbers being unable to make any further upward progress on a climb and retreating, this involving a 75-foot abseil over an overhang.

Over Easter, 12 of the club financed a trip up to Scotland for 10 days. Four days in Glencoe where André Hedger, Nick Taylor, and Tim Miller claimed to do a first ascent of a snow gully on Bidean Nam Bian (well, it's not in any guide book). The following week was spent in Steal Cottage, a climbers' cottage in Glen Nevis—all week glorious snow and sun. Ben Nevis was duly climbed by most members of the party during the week, many other peaks being conquered as well.

The Summer Term began with a highly successful dance and raffle when the club made £84, thus enabling us to purchase another rope and a tent.

For Whit Bank Holiday we borrowed the Boat Club minibus (many thanks to them) and trekked up to the Lake District. Ravens Crag, Scafell Pike, Great End and others were climbed in rain and overcast skies. Saturday evening was spent playing a most bizarre game of football with other campers; men and women ranging from 6–60 years of age.

The last trip of the year was to Wales in two carloads. One arrived but the other party broke down in Northampton. This was the hottest weekend of the year so a very sunburnt party returned to Guy's, two of us having climbed whilst the other two spent the day moving from shade to shade with telescopic lenses waiting for Tim Miller to fall off.

To sum up—it has been a very successful year for the club with well organised trips. Our thanks are due to Nick Taylor—the Secretary and to Jon Harrison and Tim Miller who drove the van so excellently. Much of the success depended on the general good spirits of the thirty or so others who supported our activities.

TIM MILLER.

TENNIS

Ladies' Tennis Club

The mixed doubles tennis tournament at the Sports Day on 6th May this year was a great success, in spite of the storm which washed out the Finals. Thirty-two couples competed and a number of new players showed an interest in playing for the Ladies' Club, giving a promising start to the new season.

The trials and first few matches showed that we had the makings of a good team. However, in June we ran into difficulties raising a team because each year of students were taking exams. Apparently people could not break into their studies for even one game each week. Not that we were the only College to face these problems—our opponents also found that they could not raise a team on several occasions and we had more matches cancelled than we cancelled ourselves. Consequently only one match was played in June and although this was enjoyable, overall, the second half of the season was very disappointing.

Lack of enthusiasm for matches was not reflected in the use of the courts at Honor Oak Park—these were in frequent use for private games during the hot summer evenings. The energy was obviously there for personal enjoyment —let's hope the team spirit returns for next year!

I'd like to thank those who did play including: V. Bramwell, H. Chryssides, M. Croysdill, K. DaCunha, C. Fraser, L. Free, J. Gallagher, C. Irwin, M. Long, J. Mason, A. McKenzie, C. McKenzie, S. Perect, J. White, A. Williams.

M. L.

SAILING

While most summer sports are packing their bags at the end of another season, the Sailing Club is shaking out its reefs in time for another eventful winter. Members have for some time been waiting in expectation for the opening of the new United Hospitals' clubhouse, which has been fully functioning since Burnham Week. Now that there is a place to stay at Burnham the club is hoping to raise some money to buy a better Enterprise to complement the two Squibs which are available to members.

The H.M.S. St. Matthew Cup was held on Sunday 12th September, but the U.H. team was singularly unsuccessful in this event against the other four Burnham clubs; this was not helped by your trusty Guy's representative hitting a submerged slipway just before the start of the first race, and seriously damaging the rudder of his Squib! However it was a nice sunny day, and a moderately satisfactory course was laid in the congested anchorage, but the light winds seemed to favour the other more highly-tuned boats.

The next major event planned is the inter-hospitals Harvey-Wright Gold Bowl on 16th October, and the Rosenheim Cup for freshers will probably be held during the same weekend. The usual Wednesday-afternoon U.L. inter-collegiate league should start sometime during October, at the Welsh Harp. We look forward to some successful frost-bite sailing during the coming months.

William Sudell.

HOSPITAL INFORMATION

Astley Cooper Studentship

Applications are invited for the Astley Cooper Studentship tenable at Guy's Hospital Medical School. The Student, who is the Astley Cooper Assistant to the Curator of the Gordon Museum, will be elected for a period of three years, the salary being approximately £406 per annum. Application should be made on a form obtainable from the Dean, Guy's Hospital Medical School, London Bridge SE1 9RT.

Guy's Hospital Dental School

Commencing on Wednesday, 17th November, 1976, a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The course will consist of six sessions from 6.00 p.m. to 8.00 p.m. on 17th, 19th, 24th, 26th November and 1st and 3rd December, 1976. Fee: £20. Further particulars and forms of application, which should be returned as soon as possible and not later than 29th October, 1976, may be obtained from the Dean of Dental Studies, Guy's Hospital Dental School, London Bridge SE1 9RT.

PHYSIOTHERAPY STUDENTS

September 1976 Intake

Allan, Linda Jane—Wesley College, Dublin.
Allen, Amanda Jane—Croydon High GPDST, Selsdon, Surrey.
Allen, Clare Monica—St. Anne's College, Sanderstead, Surrey.
Cooke, Elisabeth Jean—Croydon High, GPDST, Selsdon, Surrey.
Erro, Anne-Louise Ross—Sigtunastiftelsens Humanistiska, Läroverk, Sweden.
Friend, Elizabeth Margaret—Edgehill College, Bideford, North Devon.
Godfrey-Faussett, Fiona Mary—Walthamstow Hall, Sevenoaks, Kent.
Harrison, Dianne Marguerite—Worcester Girls' Grammar School.
Hooper, Sharon Dawn—Longcroft School, Beverley, North Humberside.
Houlden, Frances Mary—Francis Bacon School, St. Albans, Herts.
Jenkins, Susan Carol—NW Leicestershire Technical College, Coalville, Leicester.
Jones, Shan Elizabeth—Sutton High GPDST, Sutton, Surrey.
Kerry, Claire Suzanne—Newstead Wood School, Orpington, Kent.
King, Caroline Alison—Havant College, Havant, Hants.
Langton, Patricia—Brecon High School, Brecon, Powys, Wales.
Lawrence, Sarah Elizabeth M.—St. David's School, Ashford, Middlesex.
Levinson, Susan—Reigate County School, Reigate, Surrey.
Luetchford, Sara Elizabeth—Stoodley Knowle, Torquay, S. Devon.
Mendl, Elizabeth Eileen—St. George's School for Girls, Edinburgh, Scotland.
Moir, Caroline Jane—Loretto Convent, Altrincham, Cheshire.
O'Brien, Rose P., Mrs.—Laurel Hill, Limerick, Eire.
Palmer, Elizabeth Dorothy—Our Lady's Convent High School, Loughborough, Leics.
Smith, Lindsey Jane—Wolfreton Upper School, Kirkella, Nr. Hull, N. Humberside.
Sinclair, Catherine Jane—Penzance Girls' Grammar School, Cornwall.
Stevens, Liana Jaime—Belfairs High School for Girls, Leigh-on-Sea, Essex.
Symonds, Barbara Ann—Gaisford High & Worthing Sixth Form College, Worthing.
Tennent, Sarah Jean—St. George's School for Girls, Edinburgh, Scotland.
Thompson, Susan Jane—Newstead Wood, Orpington, Kent.
Willis, Caroline A.—Blanche lande College, Guernsey, Channel Islands.
Wright, Helen Claire—Slough High School, Slough, Bucks.
Wright, Helen Lesley—West Kirby County Grammar School for Girls, Wirral, Merseyside.

DEATHS

Dr. Herbert Anthony Philcox on 16th June 1976 in Victoria B.C. Canada.

CHANGES OF ADDRESS

Miss Carol Ellerbeck, S.R.N., 2F-300 Roslyn Road, Winnipeg, Manitoba, Canada.

Dr. and Mrs. A. B. Murgatroyd, 21, Alan Road, Withington, Manchester M20 9NQ. Tel. 061-445 1141.

Dr. and Mrs. John Rawlinson, 16, Spaldwick Road, Stow Longa, Huntingdon, Cambs.

Mr. H. Gordon Ryder, L.D.S. Eng., Alexandra Home, Richmond Nelson, New Zealand.

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MONTHLY 30 OCTOBER 1976 VOLUME 90 NUMBER 2263

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

THEN AND NOW

There are two points on which first year's men at Guy's may safely be congratulated—their choice of a profession and their choice of a Hospital.

The former has no doubt been the result of much deliberation, and in many it has been accompanied by an enthusiasm which we trust may continue in spite of examinations and other such necessary evils. But let those not despair who bring no enthusiasm, for the vast interest and even charm we may say of the work they have commenced will, or ought to, beget in them an enthusiasm which has all the more chance of surviving, inasmuch as it has been developed by the influence of the environment, and if, added to this, they are "born doctors", that is, if their powers have descended by inheritance, we may most surely evolve a brilliant future for them.

So wrote the Editor of the *Gazette* exactly one hundred years ago in the October edition of the *Gazette*, 1876.

Times may have changed. The scope of medicine and dentistry has widened immensely, the "Borough" has been broken up by office blocks. Guy's has been forced to change as its environment has altered and its function has developed. It has diversified, specialized and grown into a monstrous metropolis of the healing arts. Some things, however, have not changed; blandly ignoring Directive No. 789/5486 from the D.H.S.S., Guy's has refused to become a medical machine. Guy's depends on people and personalities for its smooth functioning and friendly atmosphere and will, we hope, continue to do so.

Every year hundreds of students come to Guy's to study Medicine, Dentistry, Nursing, Physiotherapy, Radiography, Laboratory Technology and many more subjects. At the same time thousands upon thousands of patients come to Guy's expecting the best from the caring professions and getting it.

Technical skills and advice, though they are obviously the basis of our business, are not enough. Guy's is a large community of like-minded people who work and spend a good deal of their leisure time together. Although you will be expected to, and will, spend a good deal of your time studying and developing practical skills during your time here you will have missed out on a great deal if you do not get involved in the social side of Guy's.

In recent years the facilities for students at Guy's have improved immensely. The opening of Wolfson House meant that for the first time in many years there is a large body of students resident on the campus. The Orchard-Lisle swimming pool provides a means of enjoying yourself, keeping fit and/or building up a thirst. The bar is on the ground floor of the East Wing and specialises in the treatment of acute thirst problems and anaesthetics. The Greenwood Theatre, in spite of its short and rather troubled history, has been a great boon for Guy's Theatre Club (a thriving club which maintains a high standard and is always on the look-out for thespians, general factotums and audiences) and has provided a great deal of pleasure for Guy's people and will (must) continue to do so.

The Sports Clubs range from Rugby to Ladies' Tennis and provide a means of keeping fit, making friends, and many of them arrange social events such as dances, dinners, occasional tours to sports festivals and in some cases tours abroad. If you are more brainy than brawny there is again plenty to divert you; the Quodlibet Society, the Theatre Club, the Christian Union and many more. All of these clubs and societies are more than eager to extend a welcome to you and include you in their activities.

Lastly, a short word about *Guy's Hospital Gazette* itself, the oldest hospital journal in the world. It is an independent journal, managed by the *Gazette* Committee which consists of Hospital Staff, the President of the Residents, Clubs' Union Officers and the Editorial Staff themselves. Lyn, our manager, handles the financial side, a continual struggle to make ends meet, and the journal itself is edited entirely by students.

It is a journal for Guy's people, whoever and wherever they are, and is sent all over the world to those who wish to keep their fingers on the pulse of Guy's life. Its aims are to publish the news and views of its readers and to highlight issues which concern them.

It is therefore your journal, to be read, criticized and, we hope, enjoyed. In the next few years some of you will become involved with the *Gazette* by joining the Editorial Staff, but please, all of you remember that if anybody has anything to say or report they can say it in the *Gazette* and thereby share their experiences or opinions with us all.

MESSAGE FROM THE DEAN

Those entering the Medical and Dental Schools in 1976 do not do so at the most propitious moment in our history. The 250th anniversary celebrations are over and all plans for future improvements and developments are in danger of cancellation or at best prolonged delay, partly due to the grave economic plight of the country and partly to the short-sighted egalitarianism which has prompted the current proposals for the levelling down of resource allocation throughout the N.H.S. regions and the cut-back in Government support for the Universities.

However, it would be a mistake to be too depressed by considerations such as these. They will have little or no impact on the new undergraduate; and I am optimist enough to believe that by the time he or she graduates the economic climate will be sunnier and wiser counsels will prevail among those who control our destinies. Freshers will find, as all their predecessors within living memory have found, that Guy's is still an outstandingly happy and friendly place in which to work and play, and thanks to Wolfson House many more of them than in the past will be able to live here too. You are going to have to work hard, but you are going to enjoy it enormously. Good luck to you all.

J. C. Houston.

ANATOMY

A famous London surgeon once parodied anatomy as "knowing all the pubs on the way", a statement which did not surprise those who knew him, professionally or socially. This concept of human anatomy as little more than a guide to those who cut, truncate, stitch up and generally assault the human fabric dies hard. It is one of the great shibboleths of Medicine. Even today there lingers amongst other scientists and clinical workers a widespread misapprehension that a course in a department of anatomy is largely dissection.

"They must ha' dissected and made an *Anatomie* of me."

But Ben Johnson wrote thus in 1598, since when much water has passed under London Bridge. The microscope has been invented—not to speak of much else in the way of techniques applicable to the further anatomisation or *analysis* of living things. This analysis, whether of plants or animals (including the human beast) now overlaps with biochemistry.

Unfortunately, accumulations of knowledge entail specialisation; and each specialty acquires a label, an "Ology", a department, a literature—even a separate examination paper! Historians may well look back upon our century as the Era of Departmentalisation. Currently it seems everyone's ambition to "do his own thing", with as much recognition as possible of his own supposed uniqueness, even when this results in a one-man band.

Older identifiable studies, such as anatomy, which might once have been covered comfortably by a single mind (as can any "subject" in its infancy), have become dismembered. Hence we have Gross (!) or Macro-anatomy, Micro-anatomy, Histology and

Cytology, Ultrastructure, with Embryology and Comparative Anatomy (a forerunner of Biology) branching off. More recent and exotic growths, such as Ergonomics, Kinesiology and Human Biology, inevitably contain much "anatomy". Incidentally, all Physiology is structure in motion in time, and it is to that extent anatomical or biochemical. It is these latter associations which the wise student or teacher will strive to preserve, in the teeth of the anatomisation of these basic studies into three separate departments. The separation is to a degree unavoidable, in terms of techniques, level of organisation, research interests, and so on. But a synthesis must be made, in the best interests of medical education.

Roger Warwick.

WHAT OF THE NIGHT ?

In coming to Guy's now, you will see the place staggering along under the re-organised N.H.S., and, on the whole, doing it better than seemed possible a year ago. The Dental School is in fine form at the top of the Tower and on the Medical side an attempt is being made to clean things up enough to make the Hospital and its grounds generally look a little less like a scene from a Pinter play.

In the Medical School itself, where we have the new students first, your teachers look forward to meeting you and feel sure you'll be as good, and as nice, as our students have been in recent years.

Changes are in the wind both in Biochemistry and Physiology and of course you will encounter here one of the most radically reformed and imaginative preclinical courses on offer in the U.K., to be followed by a unique clinical course that is quite new. You will probably think, and rightly, that there are too many exams but it may be some consolation that, so far, the final failure rate (resulting in termination of one's studentship at Guy's) has been lower since the new B.M.S. course came in than at any time since the last world war.

But, of course, there is a lot more to being a student than exams; we hope you will enjoy yourselves and be glad as well as proud to be training at Guy's as doctors and dentists.

G. A. D. Haslewood.

THE PHYSIOLOGY DEPARTMENT

Physiology, the study of the function of the organs and systems of the body, is a subject which lends itself to reasoning. A relatively small body of fact has to be learnt and understood, and given such basic knowledge, it is possible to deduce the function and dysfunction of physiological systems. This approach is emphasized in the teaching of physiology to medical and dental students in weekly tutorials and practical classes in small groups. A firm structure of the basic knowledge is provided by lectures and the use of multiple choice questions. The aim of the course is to specify exactly what is required of students by giving mock questions with immediate answers supplied by members of staff. Most newcomers find this approach novel but by the end of the course come to appreciate and even enjoy it.

J. N. Hunt.

NEWS IN BRIEF

Dr. David Stafford-Clark

We would like to extend our congratulations to Dr. David Stafford-Clark who was awarded an Honorary Fellowship of the Royal College of Psychiatrists at a College ceremony on 7th July, 1976.

Commemorative Edition

The Special Edition of the *Gazette,* commemorating the 250th Anniversary of the Hospital is now available and all our subscribers should have received or will shortly be receiving their free copy. The 240 pages include a Souvenir of the Anniversary Celebrations and a collection of articles by some eminent Guy's men and women and is a fascinating and lively account of the Hospital, its past, present and future. Copies are on sale in Guy's at £2.00 each or can be obtained from the *Gazette* Manager, Mrs. Lyn Payne, *Guy's Hospital Gazette,* 16 St. Thomas Street, London Bridge, SE1 9RT, at that price plus 50p postage and packing.

Convocation Meeting

An ordinary meeting of the University of London Convocation was held in the Institute of Education on Tuesday 19th October. All graduates of London University may join Convocation which advises the University on the opinions of graduates, and organises various activities for members during the year.

Those interested in joining should contact the Clerk of Convocation, Room 101, Senate House, London, WC1E 7HU.

The 1971 Year

Dr. David Cole, M.B., B.S., is proposing to hold an annual reunion dinner, perhaps in December or January, in the Robens Suite of the Guy's Tower for the medical class year of 1971. All eligible people should be hearing from Dr. Cole soon; meanwhile, he would welcome any suggestions or recommendations and can be contacted at Pembury Hospital, Pembury, Tunbridge Wells, Kent, TN2 4QJ.

Christmas Concert

The Guy's Hospital Music Club is giving its annual Christmas Concert in Southwark Cathedral on Tuesday, 7th December at 8.00 p.m. The programme includes works by Vaughan Williams, Boccherini and Haydn. Choir rehearsals are being held on Mondays at 5.30 p.m. in the East Wing Ballroom and more male voices are urgently needed. Orchestral rehearsals are at 5.30 p.m. on Thursdays in the East Wing Table Tennis Room. Anyone interested in joining the Choir or Orchestra will be welcome at rehearsals or should contact N. C. G. Bathurst, c/o East Wing.

Freshpersons ! Commissioner of Police issues shock warning

A tense, concerned Commissioner of Police issued a shock warning yesterday to the established stale Guy's students. The warning concerned a recent outbreak of freshpersons that had been spotted on the campus. The Commissioner refused to answer questions about the possible number of freshpersons that had been seen but the Roving Correspondent of the *Blagdon Bugle* put the figure at two hundred or more. He has also warned established Guy's men to remain at home for a few days, preferably in a closed, stuffy room, grumbling about the new clinical curriculum. Those students who cannot possibly avoid coming to Guy's were advised to approach the East Wing with caution and once there to take a seat in the darkest corner of the Spit. A doctor said "The only known antidote to this contagion is strong tea and yesterday's egg sandwiches—with care an outbreak of freshness of epidemic proportions can be avoided."

Magnus Bore (Jnr.), an established student of some repute who has himself had to be treated several times for acute-on-chronic freshness, said "I am one of the lucky ones, every time I got fresh I got a slap round the chops and a stern warning."

A well-known Consultant Community Socio-Epidemiologist said "Treatment of the established condition is very difficult partly because the patient remains blissfully unaware of how fresh he has become. The only signs are brisk, energetic movements, bright eyes and a slight physiological flush. The only chance when the infection has progressed this far is to isolate the victim in a quiet, darkened room and to bore him to within an inch of his life. The prognosis is not good". The Guy's Hospital Apathetic Society has pulled out all the stops in what is now called "The fight against Freshness". Members have kept up a ceaseless vigil in their homes refusing to open letters which have not arrived, begging them to attend twice daily meetings which in fact are not being held as a protest against the poor attendance. "We will *not* give in" said somebody who did not want his name mentioned. "I think we have the solution but we are not prepared to discuss it with anybody at any time".

Dark deeds in the basement

On Wednesday, 6th October, the Bar did not open. A Clubs' Union official pointed out that this was to prevent a clash with the Freshers' barbecue being held that evening at H.O.P. The President of the Clubs' Union explained that the bar licence limits only the maximum number of opening hours and thus unlike a pub the bar may be opened and closed at will within this maximum.

Now, between 5 - 6.30 p.m. a large number of people "pop in for a quick one" after a day's work. Of course some stay on to be joined by others later, but why shouldn't they? On arrival at H.O.P. it was impossible to buy anything other than beer (served on the terrace) without paying 85p because entrance to the bar was by ticket only. Closure of the bar ought not to be used to "safeguard" the interests of another student function.

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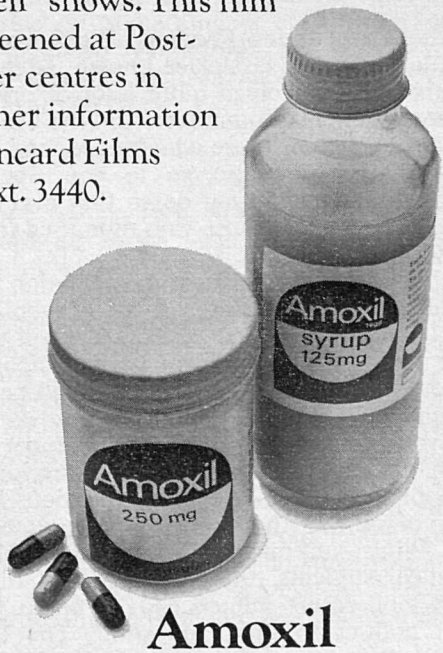

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CLUBS' UNION NEWS

To the Freshers:

For the third time at least, I am welcoming you to Guy's. You have been here for just over a fortnight now, and so have, I hope, found your feet. Judging by the relatively small numbers of you who have come up and asked me things, you have done this remarkably quickly. Or perhaps you are like a lot of us, myself included, who were still confused at this stage, but were damned if we were going to admit it! It's remarkable what one can get away with by acting as if you own the place, and nodding wisely and knowingly when things come up in conversation about which you know nothing—like those in the Merchant of Venice :

"whose visages do cream and mantle like a standing pond,
and so a wilful stillness entertain,
with a purpose to be dressed in an opinion
of wisdom. . . ."

and who are later likened to the Oracle, and reputed wise. With luck, the knowledge with which to justify the impression will come later!

I hope you found Freshers' Week a way to break the ice, and get settled into this vast place known, affectionately, as Saint Guy's. Freshers' Week involved quite a lot of organisation on the part of the Entertainments Committee, and the Clubs' Union officers. Whilst my thanks go to all those who helped, and took a lot of the load off my shoulders, they also go to you, for coming along in such numbers. It is only if you do so that everything seems worthwhile, and it did seem so to those who organised things. To you then, many thanks for coming.

I hope that this spirit of participation will continue beyond the first flush of coming here. A lot of you will have signed on for various clubs, and in time, one or two will take precedence. In these one or two, I would urge you to participate as fully as is possible: the more you put in, the more you will get out. This spirit doesn't only apply to the sports and artistic clubs. The Clubs' Union also needs your support. The minimum support that we ask is for you to turn up once a term, for half your lunch-time, to tell us—the officers of the Union—what your opinions are on certain issues, and what you want us to say, and how to vote for you, when the time comes. Whilst you may feel that student politics are not the concern of medical students, there is no doubt that medical students can exert a moderating influence. It is up to you, therefore, to mould student politics to what you want. The Union is quite active in external affairs, as well as around Guy's. The week before you all came up, there was a conference of Medical Student Societies—the report of this is available from David Markwell, and will be discussed at the Winter General Meeting, on Monday, 15th November. However, more about the W.G.M. later.

On the subject of student politics, although Guy's is not a member of the N.U.S., there is nothing to stop a student taking out individual membership, or making use of their insurance or travel

facilities. For these two, membership is not required, although it is for the other discount services. Student rail cards are available from the N.U.S. Travel Centre, on the Euston Road, not far from Euston station, and details about insurance follow.

In last month's *Gazette*, there were two articles on the subject of security and thefts. Guy's is not a place, unfortunately, where anything can be left around. When working in the Wills, there are lockers for cases, etc., by the Anatomy Theatre (keys are available from the Medical School Office). Otherwise, nothing (not even, it appears, some of the older lockers) is secure—but things are being done to remedy this. A lot is up to you though. However, if despite all your precautions, something is stolen, you will want some recompense. This requires the article to be insured. There follow some useful names and address:

John McGowan, for full-price policies (549–2994)

Kavanagh-Hutchings Agency (407–3892)—in the Borough, offering a Guy's special, with the Cornhill Insurance Company.

Harrisson-Beaumont—0993–3251 (Witney, Oxford), and

Endsleigh—580–4311 (N.U.S.)

Of the budget policies, Kavanagh-Hutching offers the most for the least. The full price policies, on the other hand, will give you no trouble, at a greater price. If something is stolen, the security officer wants to know: on "bleep"—dial 7007, and he will answer. Telling him of a theft is sufficient for insurance purposes. I would exhort you, however, to insure **NOW.**

To Everyone!

Winter General Meeting

This is to be held on Monday, 15th November, at 1.00 p.m. in the Ballroom. This, as with all Union Meetings, is important. Not only do we consider the allocation of your capitation fees for the coming year, but you have a chance to scrutinise last year's accounts, to see where your money did in fact go to. But that is not all! We are hoping to change the CONSTITUTION of the Clubs' Union! You had better come along and make sure that it is all above board (which I assure you it is). We would like your approval for some changes in the election procedures, to make the A.G.M. less of a marathon. There will also be a chance for all the budding politicians among you to speak, because we will be discussing the last medical students conference, and a proposal by the B.M.A. to form an organisation, under their wing, to supplement/complement/supplant it, and to re-introduce their politics into medical student life. Come along, and avail yourself of a chance to impress the natives with your clear thinking and erudition on legal and political matters.

Snowflake Ball

The Snowflake Ball will be held in the East Wing, on Friday, 10th December. The cost will be £8.00 a double ticket; dress: black tie. As usual, helpers are needed for the decorations and catering. Posters will be going up soon, calling for volunteers, who will be suitably rewarded for their efforts. Names to Francis Hughes or myself.

Tim Palmer.

NATIONAL STUDENT AFFAIRS

Many people will have read of the recent attempt of a group of students and others to form a British Student Association to oppose the National Union of Students. Few will have heard of the B.M.A. approach to a randomly selected B.M.J. reading student from each medical school to explore the possibility of creating a student body within the B.M.A. Both these recent events have served to confuse further the complex relations between medical student groups in various Universities.

To give this article some perspective, the aims of relationships between student groups may be summarised into five areas.

1. To provide opportunities for inter college sporting and entertainment events.
2. To negotiate jointly discounts, concessionary fares, suitable insurance policies and other benefits for students.
3. To facilitate discussion and assistance in coping with problems shared by students or by student groups.
4. To represent to University and other authorities the views of students regarding educational issues which directly affect them.
5. To represent to the public and the authorities the views of the majority of students regarding issues not directly related to student affairs, in this country and abroad.

For many years the N.U.S. has served effectively in all these areas and it has been in the last only that it has faced severe criticism. After repeated failure to be elected to the N.U.S. over his 13 years as a student, Mr. Martin Brown (now registered with the Open University), together with Mr. Andy Brown (who works for a firm of City Brokers), has stated that a student travel concern "AIMCHIEF" (formerly Student Travel Bureau) will form the beginning of a new student association which they hope will soon have a political wing in opposition to the N.U.S. It is worth noting perhaps that these men were not elected, that they have been condemned by the Federation of Conservative Students as well as the majority of elected student leaders, that their proposed officers' salaries exceed those of the N.U.S. officers (whose salaries are in line with grants) and, perhaps most significantly, that A.B.T.A. do not underwrite the travel concerns mentioned. In view of these facts it is very unlikely that this group will be widely supported or officially recognised.

The problems of medical students and dental students differ in several ways from those of other University students and separate groups have always existed to cope with these differences. The professional medical and dental bodies (B.M.A. and B.D.A.) used to have student branches and indeed the B.D.S.A. still exists. The reasons for the dissolution of the B.M.S.A. in 1974 were the B.M.A.'s disapproval of some of the actions of its daughter organisation and the view that medical students had much in common with other health students. Thus the B.M.S.A. was dissolved and its members joined the National Association of Health Students which

shortly after joined the N.U.S. to form the Health Students branch. At this point Guy's and a few other schools left the body, due to disapproval of the political activity of the N.U.S. and the view that medical students would be outnumbered by other health students in the N.U.S. H.S. At Guy's a referendum in January 1975 defeated the proposal of joining by 174 to 110.

In order to facilitate discussion between medical student groups since that time four conferences have been held involving both N.U.S. and non-N.U.S. colleges. These have been useful in the third of the areas described above and have potential for development with regard to the first but such a group has no potential or wish to become a going concern in the other crucial areas (i.e. the second and fourth). The B.M.A. was excluded from the sponsorship of the conferences because it insisted that any conference it sponsored must stay in line with the B.M.A. and be "mutually beneficial" to the association. In the light of this prerequisite and the random approach to unelected students, it seems unlikely that the idea of a student group within the B.M.A. will be useful to students or indeed enjoy much support.

In my past nine months of representing Guy's I have become increasingly convinced that whilst useful in some areas the medical students conferences have failed to realise the full potential of a nationwide link up between medical students. Furthermore, while we may be dissatisfied with the N.U.S. regarding its statements on non educational issues, it remains the only national student body based on democratic principles and it provides a wide range of excellent services. The N.U.S. has both the expertise and the official recognition which Guy's students need if they are to improve significantly their facilities for education, finance and travel. If we wish to negotiate changes in the grant system, improved payment for extra clinical weeks, the acceptance of clinical students as an important part of the health service and most importantly if we want to ensure that the predicted 1980 crisis (too few jobs for too many medical graduates) does not occur, the N.U.S. alone can provide sufficient resources for such compaigns. Three-quarters of all British medical schools are in the N.U.S. compared with just over half who have been involved in the medical student conferences and the health students branch has come a long way from paramedical domination. If we remain outside, future officers of Guy's Clubs' Union will be crippled by their continued inability to work with and through the only strong and recognised British student body. Not only this but by virture of their lack of N.U.S. involvement the degree of support Guy's can expect from other medical schools and London colleges will remain limited. At a mere 2p per member per week to the Clubs' Union the cost is hardly excessive and certainly less than the benefits of membership (in contrast to the high cost £5.00 p.a. of personal membership).

I hope that we shall have opportunity to discuss these matters and to decide our future policy at the general meeting of the Clubs' Union on Monday 15th November.

Dave Markwell,
Vice-President Guy's Clubs' Union.

QUODLIBET SOCIETY

Royal Navy :

The visit of the Royal Navy Presentation Team on Tuesday, 12th October, was neither a recruiting campaign nor a straightforward display of the Navy's formidable hardware. Rather, Lieutenant-Commander Colin Macgregor and his team sought to explain the need for an efficient service, and in this time of economic crisis to justify the navy's share of the £5.5 billion defence budget.

The arguments presented centred on the worldwide Soviet maritime expansion of recent years, which may soon threaten the credibility of the western deterrent. While Russian foreign policy may at present be committed to *detente,* future intentions are unpredictable. Russian naval forces could add powerful muscle to an assertive foreign policy, and have the potential to disrupt the sea trade on which Western Europe, North America and Japan depend. Film was shown of Russian and N.A.T.O. naval units on exercise—sophisticated electronics and robot mechanical systems engaged in automated combat—like a "Star Trek" fantasy, but chillingly real. Yet if the moment ever comes when the nuclear button is pressed the Navy will have failed, for modern defence policy is based on the concept of "deterrence". They aim to promote the realisation that neither side can gain from an escalation of tension, and that both have everything to lose. Defence is expensive, but Commander Macgregor considers the expenditure worthwhile. He likened it to an insurance policy, but insurance with a big difference. If Britain pays her defence premiums she will actually *reduce* the risk of an accident !

Commander Macgregor and his team seemed to impress the audience with their consistent, compelling arguments and their effortless co-ordination of audio-visual aids. It was comforting to find our "silent service" active and articulate !

Annual General Meeting :

The Quodlibet Society's A.G.M. was held on Tuesday, 19th October, and was a well attended and lively affair. The progress of the previous two terms was reviewed and the new committee was elected by unanimous vote. Its members now represent the full range of medical and dental courses at Guy's. We especially welcome our four freshers to the committee and our new Lady-Chairman for 1976-77, Jane Sladden. Details are on the East Wing notice board.

Next Meeting :

On Tuesday, 16th November—a concert of classical music presented in collaboration with the Guy's Hospital Music Club.

P.J.R.

THE STUDENTS BAR

A Great Step Backwards in the Offing

I was walking through the Park the other evening in the general direction of the Spit when I saw a familiar figure stagger around the corner and head for the Colonnade. It was my old friend the confirmed conservative Magnus Bore. I could feel at once that something was wrong. He appeared agitated, unseeing, his face a deathly white mask of horror as he stumbled towards the East Wing. I followed him as he entered the Spit, bought himself a cardboard replica of an egg sandwich and a cup of tea. I bought myself a cup of tea and joined him at his table—he appeared not to notice me.

"Hello Magnus", I said cheerily, "something wrong?"

"Something WRONG", he said, "it's GHASTLY; man's inhumanity to man, a fiendish scheme—I tell you there are dark forces at work within this very Hospital. It must be stopped!"

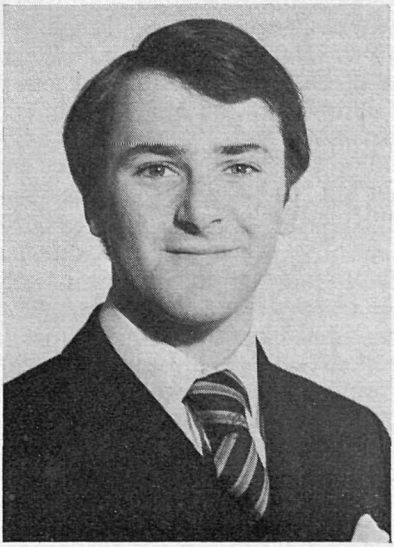
"What must be stopped?" I asked.

"Plastic glasses", he replied. "I have it on good authority that someone has suggested that plastic beer mugs should be introduced into the bar to prevent breakages. Plastic glasses", he repeated tonelessly, "a contradiction. Glasses are glasses, plastics (he shuddered) are plastics. No more nor less than nasty, bendy ersatz excuses for drinking vessels—it's just not on."

The problem is as follows: The students' bar, managed by Les and manned entirely by students and physios is a going concern with good profits in spite of the fact that it provides beer, wines, spirits and soft drinks at very reasonable prices. The bar has been extended, redecorated and over the years has become a more pleasant place to have a quiet drink, meet people and hold dances or inflams. However, there never are enough pint glasses and the reason for this is said to be the very great breakage rate. The value of glasses broken or stolen is, I believe, around £350 per year. Various schemes have been tried to offset this loss such as compulsory payment of 15p by the person who breaks a glass. This has proved impractical as many people do not see why they should pay for such breakages if they were accidental. Plastic glasses have been suggested as an answer to the problem. Many people believe this to be a very disagreeable move. The crux of the problem appears to be whether or not £350 is an unreasonable amount to pay for breakages every year. I have taken the trouble to contact several landlords to find out how much they pay to replace glasses. All of them have quoted a figure of around £350.

If you consider that dances and inflams in the bar (which becomes very crowded) are bound to increase the accidental breakage rate it would appear that Guy's bar is doing quite well not to spend a good deal more on breakages. In my opinion, the idea of plastic glasses should be abandoned and some money should be spent on increasing our stock of glass pint pots. Does anybody disagree?

CLIVE E. HANDLER, B.Sc.



This month, after a long and distinguished career on the staff of *Guy's Hospital Gazette,* Clive has retired from the position as Editor.

Many are the evenings we have sat opposite each other in the office, wearing our green eyeshades and black sleeve-guards, burning the midnight oil, swigging cold tea from a whisky bottle and smoking chocolate cigars. We have argued, joked and laughed ourselves nearly insensible over Clive's inexhaustible collection of stoat-jokes, banged away at a typewriter though neither of us could type and have frequently been heard shouting "hold the front page". There has been a great deal of fun along the way.

Clive started writing for the *Gazette* in his first term at Guy's in 1971 and in 1973 won the *Gazette* Prize for a Passim on the "Changes in the Pre-clinical Curriculum" which he welcomed in principle. In 1974 he joined the staff as News Editor at the time that the *Gazette* changed from a twice-monthly to monthly publication. He became Assistant Editor and then in October 1974 he became Editor. He has always worked hard to maintain the standard of the *Gazette* and to introduce new ideas and articles.

During his period as Editor the overall size of the *Gazette* has increased; he reintroduced "Book Reviews" and was instrumental in starting the Clubs' Union, Physiotherapy and Radiography columns and in this way hoped to increase the appeal of the *Gazette*

to a wider spectrum of Guy's people. Another innovation of Clive's was to publish lengthy interviews with prominent Guy's people in which their views on affairs, developments and proposed changes at Guy's Hospital were brought to the attention of our readers. In this way many of the important issues of the time were discussed openly.

Clive is retiring simultaneously with the publication of his "crowning glory", the special commemorative 250th anniversary edition of the *Gazette*. This book has now been distributed, free of charge to the students, and copies are now "winging their way" at the mercy of the G.P.O. to all our subscribers. The 250th edition speaks for itself—an extremely interesting and well produced historical document. The editing of it was pretty well a single-handed effort on Clive's part following the death of its instigator, the late Superintendent Mr. J. B. Blaikley. There were many set-backs and a monstrous amount of work to be done but Clive never faltered and in his usual efficient manner achieved his aims.

Clive keeps himself on form by talking the hind legs off donkeys and charming the birds from the trees—he really must be the most brilliant organiser and administrator to have worked on the *Gazette* for many years. He has worked immensely hard for the *Gazette* and the fruits of his labours are plain to see. In spite of this he has managed to find time to play several sports and tackle the beginnings of his final examinations.

Unfortunately all things must come to an end and Clive is now finding his time cluttered up with important appointments in Queen Square. A daunting prospect in which we would like to take this opportunity of wishing him the "best of British". I personally doubt whether the examiners are any match for Clive.

Michael Bourne.

NOTICES

Obstetric and Gynaecological teaching started again on 18th October. Students preparing for the final M.B. examination are welcome to attend the formal lectures, details of which are on the notice board in the Obstetric Department, 2nd Floor, New Guy's House. Tutorials may be given by arrangement.

LONDON MEDICAL GROUP SYMPOSIUM

"Bereavement, Clinical or Pastoral Responsibility"

will be held in the Anatomy Theatre on Thursday, 25th November, at 5.45 p.m.

A FINAL WORD

The exact date of my retirement from the Editor's chair of the *Gazette* has been kept a well-guarded secret by the Chairman of the Committee and Editorial Board for some months. With the publication of *Guy's Hospital—250 Years* by the *Gazette* and being completely confident with an undoubtedly talented and most able Editorial Staff I can now happily hand over the Editor's position to Michael Bourne. He must be the most experienced new Editor the *Gazette* has ever had in its 100 year history as the world's oldest and most famous hospital journal. He became News Editor in 1974 and has been Assistant Editor since May 1976. May I take this opportunity of wishing him all the very best of luck in his new post.

The *Gazette* format has changed little since I joined it in March 1974 when Trevor Barnes was Editor. Although this may be criticised by some people for good reasons, it has not been without a great deal of thought and the best of intentions on our part. Reputable medical journalism must be founded on a consistent approach of accurate, up-to-date, relevant, well-written articles on a variety of popular and controversial themes that are of special interest to its readers. Without interested readers a journal may just as well not leave the presses. It is my opinion that the *Gazette* readers are loyal and keen to see that the worthwhile traditions of the *Gazette* as an independent house journal should continue as they have in the past. It is the Editor's responsibility to attempt to produce a *Gazette* that fulfills these objectives, which are of course his own aspirations for the magazine. It is this crucial freedom which enables the Editor not only to select his Editorial colleagues (with the Committee's approval)) from those who approach him and express a desire to help, but also to produce the kind of medical journal that he wants to produce. The *Gazette* readers soon make it clear when he is not publishing the type of material which they want to read and their feelings towards the journal were reflected by the warm response of nearly all our subscribers to last year's increase in subscription and more recently to the new book. It is this sort of response that is so gratifying to the whole of the *Gazette* staff and something that is most appreciated.

It is a privilege and honour to work for the *Gazette* and I have enjoyed my spell as Editor immensely. It must be one of the most constructive and satisfying student activities on the campus. The Editorial Board are indeed fortunate in having a strong and helpful committee behind them. The chairman, Dr. George Scott, has been a great source of wise and experienced advice and I am deeply grateful to him and his committee. Pam Jeffries, Mr. Ronald Cooper and Helen Matthews have been most reliable in producing articles which have widened the horizons of the *Gazette* and have made it relevant to many more of those who work and study on the campus. Stephanie Amiel and Richard Henderson have already proved to be valuable assets to the Editorial Board, and the Clubs' Union President and Vice-President, Tim Palmer and Dave Markwell, have

LATEST NEWS FROM NAPROSYN

"If aspirin is no longer the first line of treatment of rheumatoid arthritis[1–3] its place must surely have been taken by one of the propionic acid derivatives. But which one?"[4]

"The first choice among these propionic acid derivatives must be naproxen, which combined the greatest effectiveness with the lowest incidence of side-effects."[4]

Extracts from a comparative trial of four propionic acid derivatives that was recently published.[4]

Further details and full prescribing information on NAPROSYN (naproxen) are available on request from :— Syntex Pharmaceuticals Ltd., St. Ives House, Maidenhead, Berks.

References : 1. Huskisson, E. C., Reports on Rheumatic Diseases, No. 54, London, Arthritis and Rheumatism Council, 1974. 2. Huskisson, E. C., et al, British Medical Journal, 1974, **1**, 176. 3. Lee, P., et al, British Medical Journal, 1974, **1**, 424. 4. Huskisson, E. C., et al, British Medical Journal, 1976, **1**, 1048.

NAPROSYN is a registered trade-mark.

worked hard on their regular new column and have successfully produced an authoritative series of Union views and criticisms of topical interest. Mrs. Lyn Payne, our Manager, deserves special mention. In just two years since her arrival, she has dealt with the administrative headaches of a rise in subscriptions, consolidating and expanding the advertising section and with the dedicated help of Mrs. Margaret Simpson has managed to distribute the new book to all our subscribers; all this in addition to running the day-to-day affairs of the *Gazette* office and trying to keep the Editorial Staff sane and cheerful! I should also like to thank Mr. Eric Loomes for all his financial advice over the years. I am grateful to be able to extend a sincere "thank you" to B.O.S.P., our ever-patient printers at Bromley, and especially to our long-standing friend Mr. Leslie Knight who, with his team of type-setters and binders, has ensured that the *Gazette* reaches its readers in time despite the Editorial inefficiencies and occasional panics at our proof-reading sessions.

Whatever the future holds for Guy's Hospital, the *Gazette* should be the forum in which the developments, anxieties and joys should be recorded and discussed openly and intelligently. It has a vital rôle to play in the workings of Guy's and as a service to all who have been associated with the Hospital. As I hand over to my friend Michael Bourne, I should like to wish the *Gazette* all the very best for its continued success so that it may look forward to the challenging future of Guy's Hospital and Schools with fortitude and spirit.

Clive E. Handler.

OBITUARY

JOHN CANDY, M.S., F.R.C.S.

Mr. John Candy, Consultant Surgeon to the Greenwich District Hospital and the Dreadnought Seamen's Hospital, died suddenly on 20th August, 1976, at the age of 52.

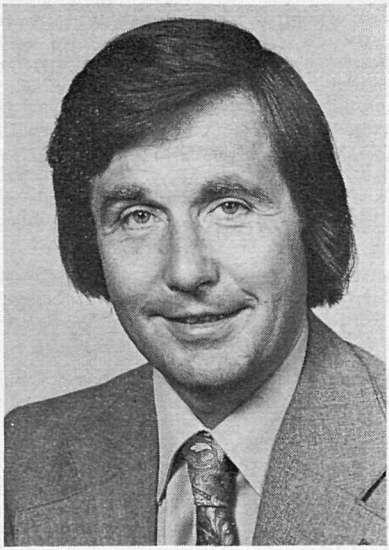
John qualified from Guy's in 1946 and acquired his further surgical training during the early post-war years in which survival on the road to Consultant status in a major speciality demanded the utmost tenacity and determination. He earned his reputation mainly in the field of abdominal surgery, and his principal publications were concerned with disorders of the gastro-intestinal tract.

Very much a Guy's man, John was a highly skilled and dedicated surgeon who conducted his clinical practice in the best traditions of his old teaching Hospital. He will be remembered also for the quiet and modest charm which endeared him both to his colleagues and to his patients, and he will be sadly missed by his family and friends.

A.L.J.

GAZETTE INTERVIEW WITH T. J. H. CLARK

Clive Handler interviewed Dr. T. J. H. Clark, B.Sc., M.D., F.R.C.P., Consultant Physician, at the end of September.



Gazette: Dr. Clark, would you please give the reasons which led to the revision of the clinical curriculum?

Clark: The main reason, or at least the initial reason, arose from changes in the B.M.S. course which had led to that particular course increasing to six terms, compared with the old five term second M.B. course, and having a single annual clinical entry. This meant that the entire clinical curriculum had to be revised if only just to accommodate for the loss of a term. This itself then led people to say that if we were going to have to revise the curriculum and change it to accommodate a single entry, we might as well try and produce improvements on apparent defects in the old clinical curriculum. So funnily enough the problems we are experiencing with the overlap would have occurred anyway even if the clinical timetable had remained exactly the same. But as you can imagine, having decided on this change the temptation to change the clinical curriculum proved irresistible.

Gazette: Who was most keen on bringing about a change?

Clark: A mixture of people. There are almost as many views on the curriculum as students and teachers and I think the pressure for change came almost equally from both groups.

Gazette: Was it primarily because you wanted to change the course, or rather to accommodate the new B.M.S. course and hence eradicate the overlap?

Clark: I think it was largely an attempt to remedy some of the defects in the old curriculum rather than any grand concept about a fundamental look at what the new clinical curriculum should be, although that obviously has come into it. The defects of the old curriculum that teachers and students felt needed change were related to the fragmentation of clinical firms partly, for example, by students going to other hospitals both within the Region and locally. Although students were attached to a firm for three months they were often away. In addition to this and holidays, they were often away doing conjoint and I think implicit in the new curriculum has been the desire to demote the importance of conjoint and to try and get students not to take it, but that has not been an official policy. The final straw was a profusion of short courses which also took students away from the wards so our plan was to revise clinical teaching so that we could have a proper regional firm when students were not preoccupied with conjoint and to provide holidays at fixed times. The new curriculum aims also to bring all the courses together under a coherent programme which we have called the systematic course of clinical instruction, and we put all the pathology course into one comprehensive course which should leave the clinical teaching periods wholly devoted to clinical teaching. By doing all these things we hoped to reduce the length of time on a clinical firm to 8 weeks as this enabled us to devise a scheme for subdividing a large single entry into reasonably sized firms. I think it is important to understand our thinking on this matter.

Gazette: Now, as before, students on the Scott firm spend two weeks at St. Nicholas's Hospital and keep in contact with the same consultant there. *It is not as if they were taking time off the firm but working on the firm* with the same teacher but at a different hospital.

Clark: Yes, I entirely take that and I do not think I would like to elevate that particular reason for change as the most important one. It was just one of a number of factors that led the teachers to feel that they just were not seeing the students often enough in a systematic enough manner to teach them and in particular the worse effect on the students from the teachers' point of view was that they were not involved in the continuity of clinical care. They weren't clerking patients continuously enough, it was always "who is the ward clerk for this patient?" "Oh, it's me, I'm new to the patient because Joe Bloggs is down at St. Nicholas's or on holiday or doing conjoint". The older scheme of things, where the students were more truly an apprentice and followed the patient right the way through had become almost entirely lost. We certainly haven't regained it, I acknowledge that straight away and, therefore, in that narrow sense we have so far failed to rectify the situation we set out to correct but it still remains our ambition to do so.

Gazette: There has been a tradition at Guy's for students to take conjoint and there are a lot of reasons why they do it. Some of the staff examine in conjoint and encourage students to take it; students see their senior colleagues taking conjoint and qualifying earlier. One of the points raised against students who object to continual assessment was that if students were given more to do on the firms with more exams, this would get them working earlier. This has been one of the reasons students give for taking conjoint and the other reason of course is to apply for an earlier house job. The present system allows conjoint qualified students to begin their first appointment before M.B. Why do you think doing conjoint is a bad idea?

Clark: I did conjoint myself so I must declare that interest. I did it mainly to qualify that much earlier although I suppose it was because I did a B.Sc. and the timing of the B.Sc. was different in those days; conjoint enabled you to qualify almost six months earlier.

The view of most of the teachers is that the course should be a University course leading to a University exam and that students taking other examinations prematurely has a harmful influence on the curriculum. As you know only too well one of the major determinants of what students learn is the

exam structure rather than the actual course itself and the timing of subjects within the course. Students quite naturally tend to go from exam to exam and the next exam dictates what they are going to learn over the ensuing few months. Therefore, having students taking conjoint which comes up at three monthly intervals, was producing an increasingly distorting effect on the curriculum as students related their studying to the exam rather than the course. I do not think the teachers are opposed to conjoint itself; they just feel that the frequency with which conjoint was being taken was interfering with the curriculum. Now much of this depends on one's view of the curriculum. Some feel that the curriculum should largely be there for the students just to dip into and take advantage of and, therefore, students should get on and educate themselves as best they can and to use the facilities that the Medical School and Hospital offers to them as they think fit. I do not think the curriculum should be the only vehicle for instruction and that students therefore only have to complete most of it in order to be a good doctor and to pass. But others feel that the course should be so structured that the only way students will come out at the end a competent doctor is to have completed the bulk of the curriculum and this is a genuine difference of attitude and to a certain extent dictates one's view of what the curriculum is about. Many teachers, for example, have structured teaching courses and some say that if the student fails to attend most rounds in the proper order they will miss the whole point of the teaching exercise. The other view (to which I belong) is that teaching should be sufficiently flexible so that if a student misses a week or two it shouldn't matter at all.

Gazette: Will the timing of M.B. finals stay the same?

Clark: The University exam structure is going to be slightly more flexible and, I hope, will allow students to take exams earlier. They will not be able to finish the examination much earlier but they can certainly get some of the written papers out of the way at an earlier stage. The course itself is slightly shorter and therefore the disadvantage in terms of the length of the time of the course compared with taking conjoint is not going to be as great as before; I think there is only going to be a few months in it. The other very important point which needs to be thought about and we are at the moment awaiting proposals concerning this, is the timing of the house appointments. It is likely that there are going to be major revisions concerning the timing of these which might also make conjoint less of an advantage, but that is something we are waiting to hear from the post-graduate department as well as the University.

Gazette: How will this affect the house jobs starting before M.B.?

Clark: This is one consequence of the introduction of the B.M.S. course and goes back to the revisions of the B.M.S. course. The fact that we now have largely a single entry means that we will hopefully have a single exit at the end and means we therefore anticipate the bulk of students will qualify in the summer. This means that appointing people at three monthly intervals is going to become very difficult because we will have the majority of applicants ready for jobs at one time of the year.

Gazette: How was the new curriculum planned and what was the Committee structure?

Clark: At the time when it was agreed that revisions should be made in the B.M.S. course and therefore in the clinical course, the impetus for this came from changes in the University regulations concerning additional subjects for inclusion in the 2nd M.B. course. A Curriculum Sub-Committee of the School Council had been in existence for many years discussing amendments to the curriculum but when the additional subjects were thrust upon us, as it were, by the University, the Curriculum Sub-Committee felt that it really had to take notice of this and produce practical revisions based upon a need to include these subjects and in its turn set up two working parties. These were the B.M.S. working party and a Clinical Curriculum working party because one could anticipate that there were bound to be consequent changes in the clinical curriculum. Both working parties contain clinicians and members from the B.M.S. departments and student representatives. The

representatives on the B.M.S. working party are not the same as the Clinical working party, though there is some overlap. I happen to be chairman of both which is, I suppose, one of the main ways of achieving some continuity of planning between the two working parties.

Gazette: I didn't want to talk too much about the B.M.S. course but really to concentrate on the new clinical curriculum. but I would be grateful if you could say just a few words about how you think the B.M.S. course is going and what the teachers and students think of it. What do they think of the show so far?

Clark: Well, after a hesitant start, largely because the exam structure wasn't right and, I suppose, will never be entirely acceptable to all parties, I think that the students and teachers are not too unhappy with it. The first year has been very hectic and students have found the change of pace going into the second B.M.S. year rather difficult and they particularly find the 6th term rather quiet compared to how busy they have been in the first few terms although this has now been changed. They appreciate the early appearance of clinical problems and clinical teaching and they find the B.M.S. course on the whole reasonably satisfactory. A minor problem they are finding is that the change in style of teaching from the B.M.S. course to the clinical course is very obvious. They are brought up on the B.M.S. course and regard it as a thorough University type course; to go into the clinical course which is more structured, more organised, more authoritarian, is a change that many of them find difficult to get used to. It is the change in emphasis from one course to the other that needs further thought because there is no point in having two courses running totally in isolation of each other.

Gazette: I know I wasn't the only one during my time in the old second M.B. who found five terms teaching of four subjects demanding and very hard work. I believe there is a change in the type of student that is coming into the Medical School which perhaps we can talk about later. I am just wondering what they feel about doing the same four subjects in similar depth and another four which in themselves are very time consuming and probably very difficult. It must be an enormous burden.

Clark: That's right. There is absolutely no doubt that one of the problems that became immediately apparent in the B.M.S. course was that students were thrown into an enormous work load and particularly when the exam structure threw out lots of exams as well, the students found the 1st and 2nd term almost overwhelming. I think that has been mitigated and the B.M.S. working party have tried to reduce the number of exams and to spread the work more evenly over the six terms rather than concentrating it into the first three terms. But on the whole I think the students have coped remarkably well and it may be that this is a reflection of their selection, that one is selecting a much more academic type of student.

Gazette: Do you think it is a good thing?

Clark: The honest answer is that I don't know if it is a good thing. I have a strong suspicion that we are recruiting people who are academically too able for the needs of medicine and being a doctor, so I am not so sure it is a good thing and I think we must be very careful not to produce a course that is excellent in every way but not necessarily geared to the needs of the community from the point of view of doctors.

Gazette: Do you think that the School is being forced to select academically capable students who won't be an academic liability in a high pressure course?

Clark: Well, I don't think it has occurred that way round but that's certainly an advantage of the selection system. I know of no policy based upon that premise but certainly one needs academically very able students to cope with an academically very demanding course. I think going back to your earlier question I am not sure whether this is in the best interests of the community in that it may produce a type of doctor that is inappropriate to the problems posed in the community. The practice of medicine is not as academic and as scientific as the training they get and to some extent our

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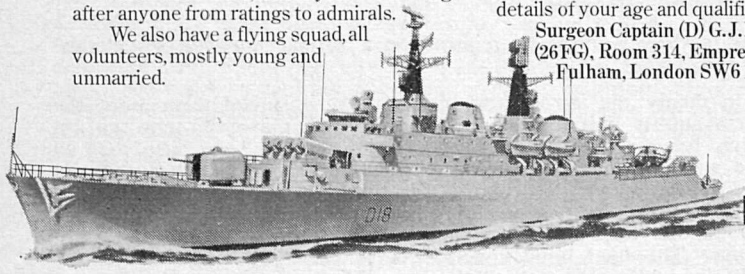

ROYAL NAVY OFFICER

academic training and our scientific resources are outstripping the needs of the community which are still at a very simple level.

Gazette: Is Guy's Hospital Medical School giving both its pre-clinical and its clinical students too much?

Clark: I think probably it is. The problem that I see from the point of view of the Chairman of both working parties is that we are failing for the very best of intentions. We are trying to provide as much a University education as we can; we are trying to provide as comprehensive a coverage of subjects as we can; we are trying to allow all the teachers to teach and they themselves have ambitions which are very laudable and the net result is that the students are at risk of drowning under the weight of teaching information. It may not be a bad idea if we try to get back to first principles and decide just what sort of doctor we want to produce and this comes back to one of your earlier questions. The revisions of the clinical curriculum were essentially to try and improve the existing curriculum and it may be that what we have done is just to overload totally the old curriculum when we should have gone back to square one and asked ourselves what do we actually want to do and set out to achieve it. Our revisions might have so overloaded our curriculum superstructure that we are keeling over.

Gazette: However much many B.M.S. students enjoy early (some would say premature) exposure to clinical medicine, is it fair to introduce them at a stage when they have enough basic sciences to learn?

Clark: I think the inclusion of clinical teaching in the B.M.S. course reflects probably an almost unconscious desire to revise the ambitions of the whole curriculum. That is to acknowledge that students enter a clinically orientated course and hence we should provide clinical instruction at as early a stage as possible. I think most teachers and students think very highly of the idea that clinical teaching should start right from the very first day. I am not sure whether that is necessarily a good idea as it certainly does add to their burdens in the B.M.S. course but if everyone agrees that this is a policy we should continue, well perhaps we should try and reduce the scale of teaching in other subjects and transfer some of it to the clinical years.

Some teachers claim that the basic science knowledge of some of the students (and this does not only apply to Guy's students) is in some fields rather lacking. Most clinicians see it the other way round and say that if you don't have the clinical "touchstones" and clinical teaching in a B.M.S. course, the students become so proficient in B.M.S. subjects that they come on to the wards knowing a great deal about science but totally untutored in its clinical application. The reason for having clinical teaching in the B.M.S. course is constantly to remind students of the fact that they are there to become doctors and that their anatomy, biochemistry, physiology and pharmacology have clinical relevance.

Gazette: Is there a need to reintroduce a formal introductory clinical course?

Clark: In theory the introductory course is now spread throughout the B.M.S. course and is particularly concentrated into the sixth term but in practice it has become rather diffuse and its impact has been such that by the time the students enter the clinical curriculum this in fact has virtually disappeared. We saw this particularly this time last year when we found that the students were very raw and they found the transition into the wards rather more difficult than those students who had been through the introductory course. The final holiday period is probably the main reason for this loss of clinical impetus. I think that whatever else we do, we are certainly going to have to revise the revised curriculum, and try to reintroduce the introductory course in one form or another. As you can see we are now heading back to a five term B.M.S. course and an introductory clinical sixth term and we may be going back in some sense to the old curriculum but that may be no bad thing.

Gazette: Would you like to comment on the success or otherwise of the new pathology block course?

Clark: The idea of a pathology block produced probably one of the greatest administrative changes in the curriculum and this would have led to a major revision in the clinical curriculum if we changed nothing else. As to the pathology block itself, it was produced because it was felt that pathology training was not as good as it might be and there were a number of reasons for this and they were thought to be best solved by having a single pathology block. It was decided to put this block into the first clinical year early in the students' clinical curriculum so that they could receive all their pathology instruction at an early date. I think the block itself went down reasonably well but as you know the University exam results were not as satisfactory as both students and teachers would like and this was partly because the exam itself was not strictly related to the teaching that went on in the block. It stems from the fact that the exam contains a considerable amount of clinical material or it assumes that the students have had considerable clinical exposure. To meet this particular problem it has now been agreed to try putting the pathology exam back after the end of the second clinical year at a time when students will also be doing a further study block where they can be provided with some pathology revision. They will also have carried out the entire clinical second year exposing them to obstetrics and paediatrics as well as having had two medical and surgical appointments so that they should be clinically more experienced. As you can see the pathology block is still under review and I do not think anyone can say that all the problems of pathology teaching are solved.

Gazette: Many of the senior teaching staff express some displeasure about the fact that the tradition of Guy's students serving an apprenticeship by looking after patients on a firm and getting to know them and his teachers especially well is being forced out and the emphasis now is more on an "A-level crammer" type of approach where the student is confronted with lots of different subjects on a reduced length of firm. So instead of spending more time on the wards he has to run around to different departments for tutorials and lectures leading to a more formal teaching programme. It has resorted to more of a book-type approach. Would you like to say a few words about this?

Clark: I could speak many thousands of words on this subject because it really does strike at the root of the problem. We have discussed this earlier in reference to whether the curriculum should be basically clinical, with students having access to teaching material and lectures, or whether it should be more formalised and structured as other medical schools have done. I do not know any good evidence that other medical schools who have what you would regard as an "A-level crammer" course produce worse or better doctors. This is one of the great problems of planning a curriculum. We can't measure the output; we don't know whether we are producing better doctors or less good doctors than before. Having said that by way of preamble, you've touched on a very important point and for me it is a major disappointment about the way the new curriculum has turned out. As I mentioned right at the very beginning, a major ambition of the revision was that the clinical firms should be unrepentently clinical. We purged holidays, conjoint, lecture courses, short spells at other hospitals, to enable the student to be solely on the wards attached to a firm and all of us who discussed the revisions felt this was essential. It is, therefore, ironic and unfortunate that this ambition has been frustrated largely I think again because of good intentions.

All the clinical teachers have wanted to have a go at teaching in the new curriculum and to some extent this was part of our policy. We felt at an early stage in our planning that students should be exposed to as many specialties as possible and that certain specialties were very important indeed. For example we thought it was most unfortunate that a student could leave Guy's without being taught by neurologists and in the previous curriculum we had found out that only 10 - 20% of the students were really seeing much

neurology. To try and include subjects such as that meant that we produced a scheme whereby the general firms were attached to the specialty firms in the hope that this would enable the students to see what went on in such specialties as cardiac surgery, neurology and rheumatology. What I think we really didn't foresee was that although the extra clinical material became accessible to the students, so did the additional teachers, leading to considerable competition for the students' time. What we have really failed to do, although I think the situation is beginning to improve, is to get the teachers themselves to agree upon how they would like to divide up the students' time. It means to some extent that the teachers have to agree the relative priorities of their own specialties and of course there are inbuilt tendencies for each teacher to want to have more time than is probably appropriate and this has contributed to the problem that you mention. The students have tended to shoot from specialty teaching to specialty teaching in a highly structured clinical timetable which has meant that they have not been sufficiently by the bedside and have not had the apprenticeship teaching which we in fact hoped that they would have. This has been less of a problem on some firms than on others and in particular one or two of the surgical firms at Guy's produced very difficult problems for both students and teachers. It has been very difficult to reconcile the conflicting ambitions of teachers and students on these firms and for this reason we have now agreed that the timetables for the medical and surgical firms should become the responsibility of the Departments of Medicine and Surgery who should attempt to hold the ring between the teachers and the students so that a timetable can be produced that meets the legitimate needs and ambitions of both.

Gazette: I can understand that there must be certain clashes of personality especially amongst the senior members of the staff. What are you going to say to a senior surgeon, for example, who says "I have been teaching surgery this way for 30 years and most of the students and myself have enjoyed it and learnt something from it. Why do you want to change it?"

Clark: Well we would say, as we've always said, that it is not our aim to stop them teaching in the way that they think they can best contribute to student education. We really have to husband talent and such people are very precious and what we must not do is to try and stop them contributing in that way. I think we must say to anyone who makes that comment, be they senior or junior, "No, we want you to teach in the way you think best, but can you tell us how we can help you teach in that way and could you join us in planning a programme which meets your needs as well as the needs of some of your other colleagues and the needs of the students?" It is very difficult because we are basically relatively understaffed in terms of teachers, especially whole-time clinical academic staff. We rely very much on part-time clinical teachers who are very busy and we are therefore very conscious of the fact that we have to try and fit our teaching into their other commitments. Equally we have to try and get them to fit in with our other teaching ambitions and I think it is reasonable to try and get specialists from the previous "orphan" specialties to join the curriculum as we ought to try and ensure that as many teachers from as many specialties teach students. If we can combine that with bedside teaching—small group teaching with the apprenticeship approach—well, then I think we will probably have achieved a miracle but to do so means we will have to have priorities. One of those priorities is that we maintain bedside teaching because we have provided plenty of opportunity now for didactic (what you would call "A-level cramming") teaching. We have a systematic course, we have the Pathology block, we have plenty of seminars and plenty of opportunities for non-bedside teaching. What we mustn't do is lose bedside teaching and the apprenticeship approach.

Gazette: How are you going to do that?

Clark: I think by discussing with students and teachers how the timetables for the medical and surgical firms can be constructed. Some of the firms have made really very rapid strides in this direction. I am thinking of

the Department of Medicine, where a system of priorities is being set up by agreement between both parties. One approach is to allocate students to teachers rather than to specialties so that they get to know a teacher well and the teacher gets to know them equally well and I think if the individual firms can agree on this then the problem might be eased. What we are anxious to avoid is to dictate solutions from the centre because we are ultimately dependent on our teachers to teach in the way that they know best and the way that they think best.

Gazette: You told me that you have had certain criticisms—constructive and otherwise—from students. Guy's students on the whole tend to be a very easy going and amicable lot who tend to accept what their teachers say and the way in which they teach them in a very trusting way. Would you like to get more student reaction to the course? At the moment, in my opinion, they are rather quiet about it.

Clark: I am certain that we should know what the students think about the curriculum whether or not any revision or change has taken place and we must constantly monitor student reaction to teaching, but I would have hoped, and I still do hope, that the place for student and teacher reaction should be at the firm level. In other words I think the Medical School and through it the Clinical Curriculum Working Party should primarily formulate general strategic views on how teaching might be carried out. We can subdivide the time between specialties and say you should have x months' surgery, y months' medicine, z months' paediatrics, etc., and having made those decisions pass the actual execution of the teaching to the firms. This is the way we have largely operated in the past and this is the way that hopefully we can still operate. This means that having said there shall be x number of medical and surgical firms and having divided the students up into manageable numbers, we would hope that the dialogue between students and teachers concerning what is taught should continue as it always has been in the past. Therefore, at the firm level, teachers and students should organise an appropriate system that meets the needs of both. I think what has happened with some of the firms is that this has almost broken down because there have been very large numbers of students exacerbated by the overlap and some of the "marriages" between specialists have been of a rather shot-gun variety and it has taken time for the various departments to get together and discuss how they can produce a proper timetable. I think student reaction has been sufficiently strong and sufficiently tolerant to allow us to see exactly where the problems lie and hopefully over the next month we can produce more workable timetables. Only if we fail at that stage might we have to consider more radical solutions.

Gazette: There has been some student dissatisfaction with the teaching on certain surgical firms, especially with G.U. and orthopaedics. Would you like to comment on this?

Clark: I think this illustrates some of the problems because it is very difficult for a physician, like myself, or any Working Party consisting of people other than surgeons to tell surgeons how to teach surgery! This is an example where a dialogue between the students and the teachers would be very valuable because it is clear that the surgeons and the students need to think very carefully about how surgery should be taught. It is apparent from the reaction that I have had and the letters I have received and no doubt that you have had as well, that there is a considerable degree of uncertainty about what should be taught in surgery and how it should be taught and it is for this reason that we have felt that the Department of Surgery should be responsible. In other words although the Curriculum Working Party is responsible for planning the curriculum, the teaching of surgery should primarily be in the hands of the surgeons and its planning is best organised by the Department of Surgery. The Department of Surgery is now actively engaged in discussing with the teachers and students the criticisms which have been levelled and hopefully we might have some proposals from them shortly about any revisions to surgical teaching. As for orthopaedics and G.U. surgery; G.U. teaching, as you probably know, now has we hope a happy niche in the second clinical year. Orthopaedic surgery is

so bound up with general surgery that it will have to continue to be part of general surgical teaching and I am confident that the good sense of teachers and students will prevail and that the Department of Surgery will be able to come up with some rearrangement of the timetable that gives the students and the orthopaedic surgeons a fair crack of the whip. But that is for the future. All I can say is that all of us are well aware of the problems that you quote and I hope that we will be able to improve matters, but if not student reaction is invaluable. We are, after all, here to serve you as well as the teachers.

Gazette: Student assessment at Guy's has always been a rather tricky subject and I know you are very eager to talk about it! There has been some alteration in the sign-up system and students would like to know about this. What is the present system of sign-ups, what is the use of sign-ups and what sort of part should they play in student assessment?

Clark: Well, up to now I have particularly tried not to be a politician and give evasive answers but I find it difficult to resist the temptation now because this is a huge subject and not my responsibility. You can have an interview on this subject alone but I will attempt to answer as many points as I can although it is not within the remit of the Curriculum Committee.

The sign-up system in the past has allowed teachers to make an assessment which has enabled them to identify in particular the stragglers and I think it does require emphasising that I think most of the teachers regard the sign-up system as valuable in identifying those students who are doing badly. I know the students tend to see it the other way round and think it's to look for students doing well and to try and promote them or look after them in some other way, but it is primarily designed to pick up the stragglers. It also in the past had a particular value which was to assist the Medical School in deciding which firms the students were allocated to because the firms were based on student preference and again to that extent it is trying to be fair to the students. The students chose which firm they wished to go on and they were then allocated to firms according to their track record. As you know the new curriculum, being more rigid or bureaucratic, has taken away much of that choice and, therefore, that particular value of the sign-up system. It also plays an important role in deciding which students get their choice of house appointments because here again, as with the firms, the allocation of jobs is based in part on their sign-ups. The present arrangements for sign-ups are really very little different from that. There have been certain changes consequent upon the new Curriculum because so many specialties are involved and because of this teachers have been asked to try to produce a composite sign-up as in fact has been done by the Obstetric firms for a number of years. An additional virtue of this is to get the teachers to discuss their relative contributions to the firm and it was hoped that this device of a composite sign-up might enable them to get together and avoid the very problems that we have been discussing concerning some of the medical and surgical firms. But it is very difficult to get all the teachers together and not all teachers feel that they can contribute to a composite sign-up or would like to contribute to one and that is something which is still under discussion by those responsible for the sign-up system.

Gazette: Is it working?

Clark: It is working in the sense that sign-ups are being produced! A problem in the past which still applies is that not all students do the same appointments which can introduce bias but this has seldom proved a problem in practice. To try and ensure a greater degree of fairness in the allocation of sign-ups, recommendations were also made about what should constitute a sign-up so that everyone knew what the various grades meant. The difficulty making such a judgment is manifest to all students but although sign-ups are all round value judgments, it is surprising how good is the correlation between sign-ups and other methods of assessment. In this context there is undoubtedly going to be an increasing tendency for more in-course assessment and there is going to be a temptation to combine the sign-up system with the University marks for in-course assessment. It is surprising how well these things correlate and they correlate to such a good

degree that you could argue that there is no need for a sign-up system. You could then judge all the students on a M.C.Q. but I think all the reservations that students have about sign-ups would then apply about M.C.Qs. They would become their "public enemy No. 1" because it is clear that the main problem with the system is that it assumes such a considerable importance to the student.

All I can say is that the sign-up system recognises this and bends over backwards to try and be as fair as possible. To that end, as you know, students can know their sign-up so that they at least know what is going on but I would like to emphasise the very important point that I think many students do not realise which is that from the point of view of the Medical School the sign-up system largely aims to pick up those who are not doing so well, to identify those who are failing in one way or another.

Gagette: If I could give you a magic wand which you could wave twice over any part of the course at Guy's, where would you start?

Clark: I would want more teachers. That may seem to be against the grain of what both of us agree, that at the moment the students are in the danger of being overtaught, but on the other hand I think if we had more teachers we could provide a much more individual apprenticeship course; we could allocate fewer students to clinicians and give the students a much more individual course by the bedside. My second wave of the wand would be to provide the necessary time for the teachers to get together for long enough to really think about where they are going and this would be facilitated by the extra teachers. I think at the present most teachers are so busy that they usually only consider their teaching in isolation and I think that if they had more time to discuss this matter with their colleagues and with students we may end up by achieving a much better thought out curriculum with a far greater degree of agreement amongst ourselves as to both our ambitions and the necessary timetables. This should enable us to achieve those ambitions. At present none of us really spend long enough thinking about what we are doing. I think all of us would like to be able to have longer discussing teaching with our colleagues but unfortunately all of us are so heavily committed with other duties that we rarely do this.

Gazette: Dr. Clark, thank you very much.

NOTICE

GAZETTE APPOINTMENT

We are pleased to announce the appointment of Miss Stephanie A. Amiel, B.Sc., to the post of Assistant Editor of the *Gazette*. Stephanie joined the Editorial Staff in February, 1976, as News Editor, since when she has displayed an undoubted journalistic zeal and administrative ability. We wish her all the best of luck in her new post.

SOME OBSERVATIONS ON THE TREATMENT AND MANAGEMENT OF HEROIN DEPENDENCE

by Philip Howard

Part II

TREATMENT (1)

A. Socio-legal

Society quite understandably assumes the right to regulate and prohibit the use of drugs which it regards as harmful to the individual and/or the community in general. The final "solution" is brought about through the interaction of a number of factors rational and irrational, enlightened and prejudiced, cultural and historical. Indeed, Society may take centuries to establish its attitude towards a particular drug or intoxicant, e.g., its attitude to the use of alcohol with its price controls, licensing laws and driving regulations. Neither does acceptability depend upon any particular drug—for example, alcohol is regarded in the East in much the same way as opium is regarded in the West.

The production, use and trade in heroin and opiates has been subject to a variety of national and international laws and regulations. One of the more interesting aspects of international control involved a decision by the Shanghai Conference of 1909 to limit the use of Opium in China—a practice brought about largely by the British as a result of the Opium Wars. On a national level, the use of heroin is controlled under the Misuse of Drugs Act (1971), the main points of which are the notification of all addicts to the Home Office within seven days of identification and the special registration of doctors to prescribe drugs of addiction in licensed centres.

B. Medical Objectives

The basic philosophy of any medical treatment is the halting or reversal of some defined pathological process, or, where this is not possible, the alleviation of further suffering. However, in the case of drug addiction, this is not always easy to apply in practice. The "illness" is not clearly defined, its aetiology remains for the most part obscure. The doctor concerned with treatment has responsibilities, not only to his patient, but also to Society. To what extent can, or should, Society support the addict? Should treatment be compulsory or voluntary? What is "normal"? To what extent should individuals be allowed to seek pleasure or alleviation of misery through the use of drugs? Questions of this kind inevitably bring up the problem of individual rights and freedom in a pluralistic society.

Nevertheless, the medical objectives pertaining to treatment in this country would appear to be fivefold:—

1. To bring as many addicts as possible within the scope of the available medical resources, and, if possible to offer and maintain treatment on a voluntary basis. (Prison doesn't solve heroin addiction.)

2. Assessment of the addict based upon full history taking and examination.

3. Continuous reassessment based upon fortnightly or monthly consultations where possible. Drug dependence is a chronic relapsing disease where the addict is often moving from one "crisis" to another.

4. Definition of therapeutic goals within the context of the patient's prospects and environment. This may range from complete detoxification and rehabilitation to maintenance on a steady heroin dosage.

5. The limitation and treatment of side-effects. Paradoxically, heroin does not usually kill heroin addicts, who are more at risk from secondary effects e.g., infection from unsterile needles, abscesses, septicaemia, thrombo- or air-embolism, viral hepatitis or general self-neglect. While pure heroin overdose is rare, intravenous barbiturate overdose as a cause of death is common. Ironically, Society regards the latter as a soft drug!

TREATMENT (II)

Medical treatment can be divided into three phases viz., withdrawal, abstention and rehabilitation.

A. Withdrawal

This is the easiest phase of treatment. Not infrequently the heroin addict may have been taking several other drugs, so that the situation may be complicated by other unexpected withdrawal states.

On, or shortly following admission, the patient may develop abstinence symptoms (six hours after the last injection of heroin or eight hours after morphine). These may be mild—yawning, rhinorrhoea, tears, sweating, anorexia; moderate—trembling, gooseflesh, abdominal cramps, insomnia; or severe—restlessness, vomiting, diarrhoea.

In practice, withdrawal is achieved by gradual reduction e.g., daily halving of dosage, with or without methadone substitution (which is then, in turn, reduced). Tranquillisers are often useful in reducing withdrawal distress, though phenothiazines may occasionally precipitate barbiturate withdrawals, which may be severe.

B. Abstention

Following withdrawal a period of abstention may be encouraged. The patient may be profoundly depressed and his self-esteem be at a very low ebb, which may be further aggravated by Society's attitudes or by undue pessimism from the medical staff. Not only this, but his attitudes towards his existence, including his association with other drug users and the drug subculture that may have been all he has known for 5–10 years together with his whole drug-taking way of life, must undergo radical change. In some cases the hospital itself may represent a haven for the addict which he is reluctant to relinquish for the outside world, and there is a distinct danger of his becoming "institutionalised".

C. Rehabilitation

The following out-patient procedures are available and are often used in combination:

1. Conventional Social Services and Probation.
2. Methadone/heroin maintenance.
3. Self-regulating and "therapeutic" communities.

Methadone maintenance

Methadone is a synthetic morphine-like narcotic, first synthesised and used in Germany as an analgesic in the late 1940s. Cross-tolerance and -dependence occur with morphine and heroin. It has been claimed that it reduces "craving" for heroin and blocks its euphoric effects. Its main uses are in short-term stabilisation preparatory to withdrawal, substitution during withdrawal, and in long-term maintenance. Methadone maintenance was first introduced by Dole and Nyswander in America in 1965, and is now widely used in both the U.K. and the U.S. In the original programme of Dole et al., it was claimed that some 80% of patients remained in it for at least two years, that 90% of those retained with pre-existing law records ceased their lawbreaking and that some 75% returned to productive lives. (In this country perhaps 50 - 66% lead otherwise normal productive lives while maintained on methadone and/or heroin).

Two major criticisms of methadone maintenance have been that, firstly, it does not constitute a "cure" but merely the substitution of one morphine-like narcotic for another and secondly, that patients on methadone show a substantial use of drugs not affected by its "block" e.g., alcohol, barbiturates, or CNS stimulants. This finding of a switch in drug abuse is similar to that which may occur "naturally" amongst addicts when illicit heroin becomes scarce—and is an ever present danger.

Note on the use of opiate antagonists

Traditionally, antagonists have only been used in the treatment of acute narcotic overdosage, particularly where it involves severe respiratory or cardiovascular depression. The use of specific antagonists might offer certain theoretical and practical advantages in heroin dependence, and to this end trials have been made with Cyclaxocine, Naloxone and Naltrexone in America. They could possibly be of use for certain "at risk" patients e.g., those experimenting with drugs, as an aid to those undergoing "crises" following withdrawal, or for users who have not yet developed physical dependence. Their main disadvantage (to the addict) is that effectively they would require total abstinence from the effects of narcotics.

TREATMENT (III)

Self-Regulating and Therapeutic Communities

The pioneer establishment, Synanon, was founded in California in 1958, since which time Phoenix Houses, Community Drug Projects and other similar organisations have grown up in this country and America.

These communities, often run on a voluntary or semi-voluntary basis, attempt some form of rehabilitation for addicts and ex-addicts aimed at rebuilding their character and allowing them to return to a more normal life-style. The exact *modus vivendi* of these communities depends upon local conditions, facilities, staff and finance. Typically, addicts are expected to share in the running of the establishment and often take some responsibility for it. This is particularly true of Phoenix, where responsibility is unashamedly earned through a punishment-reward system. Rehabilitation is essentially slow—about 18 months at Phoenix and often much longer. Group

Therapy sessions are usually encouraged or even made obligatory, in which participants are made to examine their own lives and attitudes publicly while subjecting themselves to scrutiny and criticism from other members of the group.

Not every organisation is as definite and vigorous in its ideals as Phoenix, e.g., the Coke Hole Trust aims to provide a "family home-cum-Christian setting" for addicts, has no hierarchy or reward system and is less regimented in its daily programme. "Roma" claims to be one of the few organisations to provide accommodation, in the form of furnished flats or hostels, for addicts while still on drugs. In this country it caters for about 50 addicts and says that 50% of these have full-time employment.

Certain day centres aim to provide a "non-establishment" setting for all types of addicts, to provide supervision of drug-taking and advice in time of the almost inevitable "crisis". One big advantage of such organisations lies in the fact that they are voluntary, non-statutory bodies, which have neither responsibility for drug prescription or for law enforcement. This allows day-to-day contact with addicts, open and informal discussion of their lives and plans, and "grass root" study of the drug scene free from any immediate legal overtones. They may also act as a street-level contact point for directing addicts to the available medical resources. Additionally, some centres have an educative role in providing speakers for schools, youth clubs, parents' associations and other bodies as well as providing information for various researchers and other interested parties.

CONCLUSIONS

It is obviously difficult to attempt any thorough-going assessment of the current "drug scene" or present methods of treatment which affect not only the individual addict, but also his immediate family and friends as well as Society in general. The task is made all the more difficult, if not impossible, when one considers that individual goals in treatment and rehabilitation must vary, e.g., while complete abstinence may be a viable solution for one, the maintenance of a long-term addict and the prevention of his falling foul of the law or committing suicide may be all that can be expected from another. The question of "cure" or "success" becomes almost as much a problem of philosophy as of medicine.

However, it would appear that the overall problem of heroin dependence in this country shows no signs of increase—if anything there has been a decrease since about 1971. This is borne out by the number of new admissions to the clinics. The incidence of serious side-effects and the overall health of addicts is certainly much improved compared with the late 1960s. Needle transmitted hepatitis has virtually disappeared from centres supplying free needles, syringes and surgical spirits to its attenders. Whereas the employment rate of addicts in the late 1960s was of the order of 1%, it is now estimated to be around 30–35% for regular attenders at St. Giles' Clinic (Willis 1974).

Interestingly, figures reported by the local Community Drug Project in Camberwell, which serves as a Day Centre for addicts

(most of whom are registered at St. Giles') for 102 addicts who regularly attended their Centre during 1972 and 1973 gave the following results:—

Total number of regular attenders	102	Showing significant increase in use of barbiturates	47
Drug free at some time ...	42	Dead	7
Homeless	47		
Before courts	46		

N.B. Some addicts will have been counted twice, as belonging to two or more of the categories above.

From these admittedly approximate figures, one is impressed (or rather depressed) by the significant mortality still associated with heroin dependence (?5%), which is probably due to side-effects or barbiturate overdose rather than heroin *per se*, and by the high percentage of homeless, and of addicts appearing before the courts.

Hence, the overall picture is of heroin dependence being a chronic, relapsing disorder for perhaps the vast majority of addicts, who experience a somewhat precarious existence oscillating between periods of homelessness and unemployment on the one hand, and periods of relative stability and employment on the other. For perhaps a small percentage at either end of the spectrum, there is either some genuine hope of withdrawal and return to normal life, or, for others, the prospect of further uncertainty from unemployment, homelessness, the law or barbiturate usage with all its potentially fatal sequelae.

There can be little doubt that the various rehabilitation services now available do provide a most necessary service and it is regrettable that their facilities cannot always be expanded because of lack of financial support. Indeed, the chronic shortage of facilities for the treatment and rehabilitation of addicts almost certainly contributes to the social and medical tragedies of heroin dependence.

Finally, two further points appear to emerge from this present study. Firstly, that barbiturates contribute to much of the addicts' morbidity and perhaps most of their mortality. Secondly, that imprisonment is a most unsatisfactory treatment for drug dependence if used as a substitute for prevention or cure.

My grateful acknowledgements go to Drs. Willis, Guercio and Osborne for their help during my elective.

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MISS THIRZA SWINDELLS

Miss Thirza Swindells came to Guy's as a student nurse in December, 1945, and in the years following her influence within the Hospital has been unique. After a period as a staff nurse she left to do midwifery training, returning as a ward sister at the Evelina in December, 1950. In 1954 she commenced tutor training, and two years later joined the School of Nursing where she now holds the post of Senior Tutor and annually performs the miracle of turning 7,000 applications into 200 candidates for student nurse training. She will, however, be remembered for many other things.

Her "Holmesdale Sets" will remember her in charge of the Introductory Course in the country, and the "Farnborough Set" will remember how calmly she coped with organising an extra group of nurses in an entirely strange hospital.

All nurses who have re-visited Guy's after completion of training will remember Sister Thirza's gift of almost total recall—not only does she remember their names, she can usually recall which Set they were in and who their flat-mates were !

The Nurses' Representative Council will remember her for her untiring efforts on their behalf. We in the School will never forget her gift for organisation and her unfailing friendly helpfulness not only to her nursing colleagues but to the secretarial staff as well.

We will all remember her love of flowers and have greatly appreciated her organisation of flowers on "Candidates' Day" in the School every week, while all who use the Chapel will recall her beautiful flower arrangements throughout the year, and especially at Christmas, Easter and other festival times.

Finally, Guy's will remember her for all the hard work she put in on the fabulous nursing exhibition for the 250th anniversary.

We wish Miss Swindells a very happy retirement with her sister in their Welsh village. Guy's will not be the same without her.

B. B. Whyte.

GUY'S IN MY TIME

These reminiscences by Guy's Nurses, of their days in training, have now been published as a book, which takes an entertaining look at the changes which have occurred during this century. The cost of the book is £1.00 plus postage and packing of 10p. Cheques should be made payable to Guy's Hospital Nurses' League. The book is obtainable from Guy's Hospital Nurses' League office, c/o Nursing Administration, Guy's Hospital, SE1 9RT, and all orders MUST be accompanied by the appropriate remittance.

NURSING

NURSES AND THEIR MONEY

It is regrettable, but true, that nurses in general are extremely ignorant when dealing with matters of finance. There are of course several reasons for this. Firstly, there is the fact that in former years nurses came in many instances, from families who possessed sufficient means to support them, and they could therefore devote all their time to the vocation. Secondly, until two years ago, salaries were so small that by the time the credit transfer reached the bank all the monthly earnings were designated. Finally, there has always been a tradition that to discuss finance is a little improper.

It is not therefore surprising that some of the less scrupulous members of society have become aware over the years that nurses are ignorant in these matters, and they have utilised this fact when attempting to extract money from the more unsuspecting.

One of the most common methods of persuading people to part with money is by selling insurance policies. This is frequently undertaken by peripatetic salesmen and these individuals appear to be particularly active at the present time. Doubtless this is due to the economic situation. One thing however is very disturbing about their activities, and that is their unethical behaviour. The policies which they attempt to sell may be genuine, but the techniques employed certainly give one cause for suspicion.

These salesmen are invariably very presentable males, who have learned the art of plausibility extremely efficiently. During an interview, they will attempt to persuade the unwitting victim that the method of saving advocated by themselves is the only one which is safe and reliable. It is apparently quite possible to tailor every policy to individual needs. Some representatives even manage to sell policies from which the saver will personally benefit after their death! This would appear to obviate the object of the exercise somewhat.

Another invidious habit of insurance salesmen is that of obtaining the names of individuals from the nursing press. Each week they peruse the advertisements for vacant posts, and record the names of the senior staff to whom applications should be directed. They then telephone and arrange to visit these people at a convenient time. During the interview they quote the names of other personnel, often at other hospitals, with whom they claim to have conducted business. It is here that they display ignorance, and the fact that they are unaware of the inter-hospital network. Suspicions are aroused, and checks made, often to reveal that these claims are false.

Senior staff should of course be capable of managing their own affairs as regards finance, but trainees with less experience are extremely vulnerable. One cannot help but wonder whether hospitals should provide an advisory service for nursing staff, in an attempt to halt the activities of these dubious characters.

PHYSIOTHERAPY

A cursory, if admittedly biased, reading of the Priorities in the Health and Personal Social Services document leads to the inescapable fact that, whatever else goes to the wall, the rehabilitation services are expected to continue to develop as a means of reducing bed-occupancy in terms both of time and of demand. This would seem—to the same biased eye—a realistic appraisal if it were not for the fact that the other—more jaundiced—eye had noticed, namely that the putatively expanding therapeutic services are likely to be embarrassed by a failure of the training schools to produce enough "graduates" to keep pace with the present wastage, let alone increase their output. Yet again, we have one of these left-hand/right-hand (or eye) discrepancies with which the N.H.S. abounds, and which make one despair of the Department's nominal claim to unity. Let us suppose that the Health Service would benefit from a development of the prophylactic and therapeutic services that paramedical professions like physiotherapy and occupational therapy can offer. A not unreasonable proposition, granted that we keep our attention concentrated on our proper targets? To achieve this development, two ways come to mind—to improve our efficiency and concentrate as aforesaid, and to attract, train and qualify greater numbers of therapists.

Well, the efficiency and concentration are matters for the professions and those associated with their deployment, and it would be reasonable to believe that all parties are not only aware but also active in the pursuit of these ends.

What, then, of the other angle? Can we attract, train and qualify great numbers? The answers are yes, no and no. Certainly we can attract entrants, the more so, perhaps paradoxically, since the entrance requirements were raised, though this makes sense as other professions which might have absorbed our potential candidates are widely known to provide employment problems at the end. No difficulty here then. But to train and qualify this willing body needs—and here the D.H.S.S. needs enlightenment—teachers.

It is remarkable how slowly people grasp changes, although this is understandable in relation to the bewildering series of them that re-organisation and the plethora of reports, recommendations and statements have brought in their wake. Would all hospital employers, users and colleagues of physiotherapists please take advance notice of the impending reduction in numbers of qualified staff available to them? Will it make it clearer when it is said that at Guy's the student-intake has been reduced by 25% and that in three years time a corresponding reduction in output will result in a decrease in the service you presently enjoy? The reason is simple—the conditions of service now offered to a teacher are markedly poorer than they were. No doubt this seems trivial in relationship to the greater cut-backs the N.H.S. is undergoing, but it will mean that fewer physiotherapists are on the wards, it will mean that your physiotherapy cover is reduced. Is this not something that you, consultants, nurses and administrators should be concerned about?

CORRESPONDENCE

Pre-clinical Clinical Curriculum

SIR,—I have read with interest of the changes in the undergraduate medical curriculum at Guy's and elsewhere and it is with some dismay that I note no reference to the continuing education of newly qualified doctors. The pre-registration year was introduced in the realisation that the education of doctors was not complete at qualification. Young doctors may have a sound knowledge of diseases but no understanding of patient care. Their grasp of therapeutics is usually very sketchy.

There has recently been an increase in entirely justified complaints from the general public about poor terminal care. There is a great deal of avoidable post-operative misery. Patients and relatives are being told less and less by more and more doctors. Patients are often discharged from hospital with a bewildering collection of drugs and inappropriate or no advice.

These essential skills are difficult to acquire and need to be well taught. In the past this was done partly by ward sisters who were usually older than the housemen, greatly experienced and carried considerable authority. It is clear that the present generation of ward sisters cannot fulfil this function.

Unless it is recognised by medical schools that the pre-registration posts are training posts and that there must be a formal commitment to teaching during them, standards of care will continue to fall.

Yours faithfully,

The Surgery,
50 The Glade, Furnace Green,
Crawley, Sussex.

GILLIAN STRUBE.

Shopping Around

SIR,—I wonder if the enclosed cutting from the *Guardian* on Wednesday, 29th September, 2nd paragraph, would be of interest to your readers!

> There is something else, too — a growing awareness that while some Britishers wax indignant about Arab money, others, indeed perhaps the same ones, are none too scrupulous about relieving them of it.
>
> Take Harley Street for instance. "Never say that an Arab embassy sent you for treatment," is one Arab doctor's advice to his friends, "or you may be charged double." Or indeed a good deal more, and he cited a bill of £800 for a hernia operation which, he said, could have been done better at Guy's Hospital for £175.

Yours faithfully,

Clinical Science Laboratories,
Guy's Tower,
Guy's Hospital,
SE1 9RT.

J. S. CAMERON.

Why Tutors Leave

SIR,—It was most interesting to read the article "Nursing—Why Tutors Leave" in the *Gazette* of 28th August last.

There are certain similarities in the dissatisfactions that have arisen in a number of professions. It is probably as true to say that young people enter the profession of dentistry to practise dentistry as it is to say that others enter the nursing profession to nurse sick people.

In the Community Dental Service it is similarly necessary, as with the nurses, to curtail clinical work in order to further one's career, which presumably means increasing one's salary. Increased salaries are given to administrative posts, indicating that administration is regarded of higher value than the practice of dentistry itself, demanding higher reward. This is basic nonsense, as it is in the nursing profession that those teaching or in administration should be paid higher salaries than those who wish to practise their profession.

Teaching and administration, bearing greatly reduced clinical responsibilities, are essential occupations. But it is surely an enigma that they should be considered worthy of higher reward and of furthering one's career. For, one has to abandon the essential usefulness of the career on which one set out, its vocation, and a long arduous and expensive training in order to undertake them. There is a natural urge to return to one's career and vocation.

Yours faithfully,

16 Queens Road,
Waterlooville, Hants.

W. I. N. FORREST.

Guy's Patients Never Die

SIR,—Can you spare me a few lines to sing the praises of Guy's?

I qualified from Guy's just about 30 years ago. Now, after this interval, I have recently returned to sample Guy's as a patient—a small operation requiring a day or two in a surgical ward.

At a time of so much newspaper heat and politics it is most refreshing to experience the unstinted, good-humoured kindness associated with the customary unobtrusive efficiency of a Guy's ward. From the surgeon and anaesthetist, through to the registrar, the housemen (do they ever sleep?), the sisters, the staff nurses, head nurses and junior nurses to the porters and all those who deal with the everyday necessities of cleaning and food there was always the same kindness and consideration. And this goes too for the secretaries and administrators involved with admission and departure.

Throughout, I was not bullied, not bustled, not fussed, but every need was anticipated. I was looked after admirably and can say that I had a very enjoyable time.

Any old Guy's man or girl who has not had the misfortune to need to come under the surgeon's knife at Guy's has nevertheless missed a most reassuring experience.

Yours faithfully,

15 St. Georges Square,
Stamford, Lincs.

TERENCE PARRY.

Somerset Reunion

SIR,—Subject to adequate promise of support, it is proposed to hold a dinner for Guy's men and women, and their consorts, from Somerset (the county boundary will be deemed infinitely elastic for the purpose). The provisional date and venue are Friday, 18th March, 1977, at the Postgraduate Centre, Musgrove Park Hospital, Taunton. Would those interested be good enough to let me know in the near future, either in writing to this address or by telephoning Kingston St. Mary 200?

Yours faithfully,

Lynchens,
Nailsbourne,
Taunton, Somerset.

A. E. PARROTT.

Staff Rounds

SIR,—I find it lamentable that for the past two weeks less than six members of the consultant staff and not many more of the junior staff have managed to attend the Staff Rounds at lunch-time on Fridays, which have been arranged specifically for their interest and benefit. I hope that on the few occasions this term when a speaker has been invited from another hospital we can afford him the courtesy of an enthusiastic audience which fills more than three rows of the Anatomy Lecture Theatre in the Medical School.

Yours faithfully,

c/o East Wing,
Guy's Hospital.

T. P. CUTLER.

CURIOUS PROBLEMS
No. 11

THE LION, THE SHEEP AND THE HAY

A boatman would like to transport his possessions from one side of a river to the other. His boat will only withstand the weight of himself and one of his possessions (i.e. a lion, a sheep or some hay). The problem lies in the fact that both the lion and the sheep are already rather hungry. Thus he is unable to leave the sheep unattended in the presence of either the hay, which it will eat, or the lion, which will eat it. How, then, is the boatman to take his belongings to the other side of the river, in the same state as they were to begin with?

ANSWER TO CURIOUS PROBLEM No. 10

Expressing Twenty-Four

$$3^3 - 3 = 24$$

$$(4 + 4 - 4)! = 24$$

$$\left(5 - \frac{5}{5}\right)! = 24$$

$$\left(\frac{6}{\cdot 6} - 6\right)! = 24$$

$$\left(\sqrt{9} + \frac{9}{9}\right)! = 24$$

The column remains defeated in expressing 24 by three 1s or three 7s. Is a solution available?

BOOK REVIEWS

"Legal Aspects of Medical Practice", 2nd Edition, by Bernard Knight. Pp. 254. Price £4.50. Published by Churchill Livingstone, London.

The second edition, which has appeared only four years after the first, has been generally brought up to date and some of the errors present in the first edition have been corrected. We still read, however, that heat may cause an artefactual subdural rather than an extra dural haemorrhage while the address of the Director of Public Prosecutions is hybridised from his present and past addresses!

A few changes have appeared in the general layout and text. Some of the recommendations of the Brodrick Report, which appeared almost as a postscript in the first edition, have now been inserted into the relevant sections of the present edition. The appendices, which were of particular use to the busy practitioner, have been omitted. The second edition otherwise shows little variation from the first. Certain chapters, such as that of sudden infant death, which is alleged to have been completely rewritten, in fact have been only superficially revised.

The second edition of this book, which deals primarily with forensic medicine rather than forensic pathology, still remains surprisingly immature and offers far less to the student or general practioner than other well established publications in the field. A.K.M.

"Uses of Epidemiology", by J. N. Morris (Third Edition). Pp. 318. Price £5.95. Published by Churchill Livingstone, London.

Not only is this an updated edition of a standard textbook of Epidemiology but it has been expanded considerably from the Second Edition—particularly in relation to the role of epidemiology in identifying syndromes. The author has, however, reduced the number of classical cases of epidemiological study quoted in full and has revised the text widely to make this a much more readable book than its predecessors.

As its title suggests, the work deals mainly with the traditional use of epidemiology in assessing health and disease on a population or community basis and in helping to identify the causes of diseases and how to prevent them. There is also a chapter on "Working of Health Services" to indicate the extent to which the use of epidemiology can help doctors, nurses and other health workers who are trying to balance needs and resources; however, it is left to the reader to assess for himself the limitations which an entirely numerate approach may impose on those seeking to achieve this delicate balance in the field of health care. Furthermore, those who are newcomers to the field may wonder what subtle difference exists between "Utilization" and "Use" of services or between "Causation" and "Cause" of diseases. Jargon of this kind is not confined to the vocabulary of either Community Physicians or Academic Epidemiologists and the book is strongly recommended for both students and practitioners in medicine and nursing who are interested in current and future trends in the patterns of health and disease. J.A.D.A.

"Lecture Notes on Clinical Medicine", by D. Rubenstein and D. Wayne. Pp. 275. Price £3.80. Published by Blackwell Scientific Publications.

This book is designed for the junior doctor who is aiming at the M.R.C.P., and it is particularly dedicated to getting him through the clinical examination. That hardly seems the most educational reason for writing a book but it has produced here a potentially useful collection of aides-memoires, which many will find valuable as revision notes, and some will find useful as a (rather patchy) source for reference. Perhaps the limited objective explains the rather shallow approach to management, all data and not much wisdom, and it certainly explains entries like the list of 26 disorders that should flash through your mind when the examiner says "Look at this patient's face" (do they really think doctors work that way?). I have to admit that I disliked this book and I would advise students to avoid it, but I could see that those with experience of medicine could find some sections valuable.

Brendan Hicks.

SPORT

BLUES COMMITTEE—AWARDS

At a recent meeting of the Blues Committee the following awards were made:—

ASSOCIATION FOOTBALL:

Full Blues—I. Wilson
S. Evans
G. Tamlyn

Half Blues—K. Collett
R. Cole

ATHLETICS:

Half Blue—S. Luxton

BOAT CLUB:

Full Blues—S. Jefferies
A. Logie
G. Mason
P. Rosie

CRICKET:

Full Blues—M. Glover
S. Taylor

Half Blues—J. Owen
J. Harker
C. McLauchlan
I. Phoenix

GOLF:

Full Blue—W. Whitby

Half Blues—L. Hughes
P. Loxton

HOCKEY:

Full Blues—J. Horton
G. Hendy

Half Blues—D. Cole
T. Bell
J. Pascoe
T. Baylis

RUGBY:

Full Blues—J. Brazier
L. Hughes

Half Blues—P. Loxton
S. West
R. Laws
M. Broughton
G. Francis

SAILING:

Half Blue—R. Martin

SQUASH:

Full Blue—C. Holden

Half Blue—J. Moore

A meeting of the Full Blues will be held on Thursday, 4th November in the Committee Room of the East Wing at 5.30 p.m., in order to elect the Committee for 1976–77.

M. J. Gleeson (Hon. Secretary).

Sports Commentary

We should like to extend our congratulations to all those who have received blues and half blues recently. They are not easy to come by, and are awarded for skill, enthusiasm and dedication to the sport in question. Regular sportsmen are supporters of the Hospital and are deserving of our admiration and applause.

As the winter's sports season commences, and reports of matches played begin to flood in, the news is mixed but on the whole encouraging.

The 1st XV has now played several games and at time of going to print have had three losses and three wins. Although the loss against Cambridge was disappointing Guy's played some fine Rugby and can only criticize themselves for a lack of consistent play. The match against Blackheath was perhaps a fortunate disaster in that it appears to have given the team the necessary incentive to play good Rugby in succeeding games. The games against U.S., Portsmouth, and Jersey were more encouraging and Guy's gained two solid victories. The 3rd XV (née Beers) are playing winning rugger, whereas the Angels appear to be winning playing rugger and continuing as they meant to start.

The 1st XI Soccer team have shown themselves capable of inflicting gross devastation to their opposition, annihilating The London in sterling style. Over the first four games, all of which have been won, the team have cultivated an aggressive attitude and evolved into a net-minder's nightmare. An efficient goal slotting unit capable of putting one into the back of anybody's net.

The Spirochaetes, geriatric stick flailers though they may be, appear to be aiming their balls well and gave the Freshers an introductory drubbing. Mark Harris has again shown himself to be a paragon of dynamic tension.

Now read on . . .

RUGBY

1st XV reports

September 18th. H.O.P. Guy's vs. Blackheath (Lost)

We were thrashed, but it showed us what was needed to be done and I think we'll do it.

October 2nd. H.O.P. Guy's Hospital 28 vs. U.S. Portsmouth 10

After the black results of the previous two weeks, there was a distinctly pessimistic air at H.O.P. This was quickly dispelled when a physically much smaller Guy's pack pushed the Services back yards at the first scrum. In line-out ruck and maul Guy's were far superior and with tackling improved 100 per cent they made the Services look slow and second rate.

Captain Hughes had an outstanding game at fly-half, scoring all 28 points (2 tries, 1 conversion, 1 direct goal, 5 penalties). Despite Hughes' performance, it was the first time for nearly two seasons that Guy's produced a sustained and consistent performance from all 15 players and must augur well for the coming season.

Team: T. Higgenbottam, M. Broughton, R. Emery, A. Portelly, L. Hughes (captain), R. Laws, B. Hagan, J. Brazier, J. Fitzgerald Fraser, K. Foote, S. Challacombe, R. Cording, T. Gibson, I. Neill.

October 9th. Cambridge. Guy's 3 vs. Cambridge University 17

Despite efforts made by Cambridge, ably assisted by a certain well known Irish member of the team, Guy's took the field at Grange Road wearing their own kit. Whether this was a contributory factor in perhaps the best 40 minutes' rugby Guy's has produced this season I do not know, but certainly in the first half it was the dark blue shirts that were the dominant force. The Guy's pack in particular provided solid possession from the loose and tight but unfortunately the backs, a little surprised and ill-prepared for such a windfall, lacked the confidence to capitalize on the territorial advantage enjoyed in the first half.

In the second half this lack of confidence spread throughout the team and Cambridge scored a further 7 points adding to their flattering half-time lead of 10—3.

Guy's left Cambridge with little evidence of the golden opportunity they had had for a victory.

Team: M. Danford, T. Wilkinson, M. Broughton, P. Emery, C. McLauchlan, L. D. Hughes, R. Laws, I. Neill, T. Gibson, G. Imrey, S. Challacombe, J. Gray, P. Loxton, J. Brazier, B. Hagan.

October 9th. H.O.P. Guy's 14 vs. Jersey 11

Guy's played Jersey for the first time and although the rugby was rather scrappy there was plenty of excitement, the lead changing hands many times during the match.

The two Guy's centres, Mike Broughton and Paul Emery, had outstanding games providing a stable and inventive mid-field. The pack, however, gave a disappointing performance with the exception of Jeremy Gray who provided the 80 minutes of controlled aggression needed to win consistent possession.

Team: M. Danford, T. Wilkinson, M. Broughton, P. Emery, C. McLauchlan, L. D. Hughes, R. Laws, I. Neill, T. Gibson, G. Imrey, S. Challacombe, J. Gray, P Loxton, J. Brazier, B. Hagan.

United Hospital Sevens

Guy's came through to the final in confident mood having beaten Mary's in a close fought semi-final. Unfortunately a combination of tiredness from the previous day's game at Cambridge and a doubt about the fitness of Chris McLauchlan produced a very jaded Guy's performance in the final.

Although 4—0 up at half time, Barts came very strongly in the second half. Guy's lost Chris McLauchlan early in the half and eventually went down 22—8.

The Second Seven lost in the first round to The London 1st Seven but put up a spirited performance. I would like to thank them all for their support and also thank all the non-players who came to Chislehurst.

1st Seven: B. Hughes, P. Loxton, B. Hagan, C. McLaughlan, T. Wilkinson, Francis R. Laws.

Comment

Guy's have had an encouraging start to the season, winning half of their matches. Hopefully we will continue to win at all levels, but our task would be greatly eased if we received vociferous support on Saturday afternoons.

October 16th. H.O.P. Guy's 3rd XV 13 vs. London 3rd XV 6

Following last season's incredible performance as the "Beers", when 16 out of 20 matches were won, scoring 537 points and conceding only 93, the "Beers" players decided to aim for higher goals (and wider pitches). Hence a transformation from the lowly 5th XV where training was the unforgiveable sin to the 3rd XV where stamina is needed—or else the doors into the showers can't be opened after home games.

Our first game of the season was against Sutton and Epsom B, who bowed out graciously 44—6 to a home team bursting with freshers fit from school, and only subjected to a mere six days in the Guy's bar (such youth—such naïvety). The most memorable part of that match was the referee's departure to Forest Hill to buy a whistle, and full-back's "night cap" at half time—allegedly for his throat.

With this victory under our belt, and the committee's support to take on the higher fixtures, it was a home side of reduced strength that met the London on Saturday, 16th October. Thus it was with fourteen players that the intrepid Guy's team tackled the London Barbarians. The game was tight and evenly matched for the first 25 minutes, when an enterprising move by the Guy's backs drew all the London defence before passing to Chris Howell in for a try in the corner. Charles Tunnedine—a new cap—filled the fly half spot and he converted from the touch line. At half time Guy's led 6—0 (and pigged most of the oranges !).

The second half started badly for Guy's as the London pressurised strongly for 15 minutes, and the 3rd's captain surprised himself and the rest of the team with some miraculous cover tackling. A winger was thrown into touch thus flattening both centre and full back at the same time with the ball fairly close to them both.

Sadly, the extra man enabled the London to scrape in for a dubious try in the corner which was converted; 6—6 and all to play for. Fortunately when threatened with no shandy, Guy's fought back fiercely. Charles slotted over a tremendous penalty from inside the Guy's half and the pack went on a riot—partly due to Bob Davies and his mighty mouth. With three minutes to spare Guy's clinched this inter-hospital duel. Andrew Lawson had been moved from prop last week to the wing, and Nick Kendall, only playing his second game at scrum half, sent Charles Tunnedine away and he landed on the flag just for the added bonus of physiotherapy. (Who said the freshers were naïve?)

Bob Davis and Chris Parker played well at back row, and Simon Moore and Richard Nicholas have the makings of good threequarters. Perhaps the 3rd XV will enjoy a favourable season.

Team : J. Bagley, C. Howell, M. Menzies, B. Davies, C. Archer, R. Davis, C. Parker, A. Lawson, N. Kendall, T. Lyle, S. Moore, C. Tunnedine, J. Pringle, R. Nicholas and R. Dunn (captain).

The Rugby Club now run seven XVs every Saturday, catering for all standards of player. If you would like to play do drop a note in the Rugby Club pigeon hole at the East Wing.

Richard Dunn.

Angels Team Report

The arrival of the 1976-77 season saw the Angels assembled, in the Grapes, in plenty of time to wait for Bob. Clive Armchair's debut had already received the national publicity it deserved, and with Bob's arrival the team moved off to Beckenham, only to be greeted by another long delay, as the team's new captain, C. Jockstrap, had somehow managed to get us there an hour early!

The match, against Old Dunstonians, started well with the Angels building up a lead of 18—4 by half time. Tries were scored by C. More and W. Watson, Tombey converting both, and adding two penalties. The first try followed good work by the forwards who carried the Angels' winger over from 25 yards. (This try has been claimed by I. O. Entwosle, but it is doubtful whether the neuronal circuitary, necessary for such a co-ordinated act as scoring, is present in this species.) In the second half the Angels' fitness began to show and, ably assisted by the myopic octogenarian in charge of the game, O.D.s took their score to 20 points. Thus the Angels, unable to win much ball, and conseqeutnly failing to add to their score in the second half, ran out narrow losers, the score finishing at 20—18.

A week later the Angels faced Sutton. With a large pack and strongly tackling backs against us victory was never going to be easy. (Ask Pete Pitch-in about his eye!). The Angels' 3s started nervously but steadily improved. N. Kray broke the deadlock with a touchdown, J. Twoknees failed with the conversion, but added a penalty a little later on. The score of 7—0 at half time was pulled back to 7—6 by two Sutton penalties, but the Angels' forwards rallied and Robbinsone scored the decisive try, which was converted. Simon (Caleyed) bought a jug on his birthday, and we came away winners, 13—6.

The improvement shown against Sutton was maintained against the London Hospital the following week. The return of two ex-captains, MaHood and McCoat, was welcome, as we would have been two short without them! In the game, the back row again did well, Pinchett was particularly mobile, coming at the opposition from all angles. The half backs, Oar and "Walking Pig" Downie, distributed the ball well between the backs and the forwards, resulting in 12 tries being scored (7, 5 respectively). The final score was 68—0 to the Angels. The scorers were: J. Maw, S. Witson (2), Crash Jickson (2), L. Botchett (2), R. Nobblesome (2), J. McCrafty, N. Woolmark and Magoo. J. P. R. Toomey kicked 10 conversions and one player.

Record.

Played 3. Lost 1. Drawn 0. Won 2.
Points for 99; Points against 26.

N.R.V.

SOCCER

1st XI reports

September 18th. H.O.P. Guy's 3 vs. Catford Strollers 3

This, the first match of the season would have been a comfortable win for Guy's but for three misunderstandings in the second half, all of which cost us goals. The match began well with midfield and forward players producing many accurate shots and Guy's were rewarded with two goals, one from Steve Evans after some clever heading by Gary Manning who had scored earlier from close range.

After half time our play deteriorated, allowing the opposition to take a 3—2 lead while our own attack petered out, but with only 12 minutes remaining Trevor Underwood, who had been involved in most of Guy's moves, volleyed home an equaliser from outside the box.

Team: R. Davis, D. Rees, I. Redfern, G. Tamlyn, D. Kipling, S. Perkins, I. Wilson, T. Underwood, T. Miller, G. Manning, S. Evans.

September 25th. H.O.P. Guy's 7 vs. Lancing Old Boys 1

A double figure score was possible as Guy's reached half time in this match leading 6—0, but a combination of fatigue and frustration made the second half difficult. Trevor Underwood inspired the side by scoring within five minutes of kick-off after the keeper fumbled a long shot by S. Evans and soon everyone was participating in a siege on goal. Keith Collett's delicate long pass gave a goal to the speedy Gary Manning who scored again in the next half, while Keith himself later fluked a goal direct from his corner kick.

Steve Evans caused chaos in the Lancing defence and he took two impressive goals before returning to his customary squandering of chances, while Ian Wilson peered once through a red haze to score before returning to somnambulance. In the second half Guy's settled into a drab rut out of which nobody rose. Open goals were missed in attack while in defence only Greg Tamlyn was outstanding in his reliability. The other new centre back also showed promise and could go far.

Team: R. Davis, D. Rees, C. Archer, G. Tamlyn, D. Kipling, K. Collett, I. Wilson, S. Perkins, T. Underwood, G. Manning, S. Evans.

October 9th. Away. Guy's 4 vs. Chelsea College 3

This was a dour battle which Guy's won by sheer aggression after trailing 3—0 at half time and was made especially difficult by our using the game as an opportunity to blood several new players.

The first half was a disaster, with the defence flat-footed and the midfield players enfeebled with the result that Roger Davis felt compelled to join in and jump out of the way of all shots to which he was exposed. At half time the defence was reorganised, substitutes brought on and the Guy's prima donnas managed to whip up sufficient enthusiasm to despatch a much inferior opposition thanks to the clever forward play of Mike Breeze and Steve Evans coupled with more aggressive support from the midfield and defence.

Team: R. Davis, D. Rees, G. Tamlyn, A. Mitchell, D. Kipling, K. Harper, K. Collett, I. Wilson, S. Perkins, T. Underwood, S. Evans, P. Shepherd, M. Breeze, P. Byrtles.

October 13th. H.O.P. Guy's 4 vs. London Hospital 1

A great Guy's football team has finally evolved judging from this result against last year's strongest hospital side. The London were reduced to frustrated violence and became the playthings of a gifted attack when they faced the controlled aggression and skills of the Guy's men. The much-vaunted London forwards looked puny against our self-assured, dominant defence whose only blemish was to score one own goal, and the rugged attitude of Tamlyn, Mitchell and Kipling ensured that nothing would be given away at the back, while Roger Davis was in simply unbeatable form in goal.

Guy's took the lead after 20 minutes when our skipper drove a 45 yard free-kick into the net and soon confidence was sky-high with Paul Shepherd teasing their most experienced defenders and manfully surviving their frustrated lunges, so it was no surprise that the second half became a shooting practice for our players. Steve Evans scored once viciously and again from the spot after being felled by an outclassed defender while Mike Breeze elegantly exposed the weaknesses of the opposing defenders when creating a fourth goal. Greg Tamlyn nearly got his head to all four shots.

The once-proud London left the field despondent and deposed from the position of top hospital team.

Team: R. Davis, D. Rees, A. Mitchell, G. Tamlyn, D. Kipling, I. Wilson, K. Collett, T. Underwood, S. Perkins, M. Breeze, P. Shepherd, S. Evans.

D. K.

HOCKEY

October 10th. H.O.P. Freshers 2 vs. Spirochaetes 6

On Sunday, 10th October, the Spirochaetes faced one of the strongest Freshers' XI in recent years. The match started within half an hour of the proposed time, and the Spirochaetes soon slipped into the lead with a goal by the veteran forward, T. Bayliss. The Freshers must have been overawed by the sight of this old man running across the field, and allowed him to slot home two more goals. At half time a quick beer allowed time for a Spiros' reorganization and for the Freshers to re-group.

The Freshers played with more determination in the second half, and took advantage of the absence of one of the Spiros' team for D. Jones to hit the post. However, S. Flint considered this an affront and retaliated with a quick goal.

This provoked a further Freshers' effort and ended with goals by R. Plowman and D. Jones. However, the magnificent fitness of the Spiros showed in the later stages, as S. Flint and S. Cunnington (yes, S. Cunnington) scored a goal apiece.

After the match the teams adjourned to the bar where N. Kirkpatrick showed the Spiros how to drink beer, the Watford boot-boy showed them how to sing, and Mark Harris showed P. Saunders the finer aspect of the three-man lift. It's fair to say the Freshers left H.O.P. wiser men in the art of coarse Hockey.

Our thanks to Colin Hunter-Craig for umpiring the match.

J.J.H.

Teams :

Spiros.—S. Martin, S. Cunnington, M. Harris, M. Vallis, C. Hendy, S. Gulamali, J. Horton, D. Maxted, T. Baylis, S. Flint.

Freshers.—A. Jacks, G. Saward, M. Craigen, J. Oliver, P. Saunders, P. Hockley, D. Jones, C. Darby, R. Plowman, C. Chackraboughty, N. Kirkpatrick.

THE BOAT CLUB

The Springtime Dublin Tour

The Guy's Hospital Boat Club was invited to enter "Trinity College Dublin Regatta" last spring. Since the club had never rowed in another country before, we decided to accept the offer and set a new tradition.

From an original figure of about 15, the number of oarsmen willing to represent the hospital on this occasion, dwindled to five. However, despite this lack of support, we decided to go anyway, but as a more social crew.

The party left Guy's on a Thursday evening, rather later than planned. Once underway, the club minibus, sensing the uniqueness of the occasion, powered along effortlessly and we arrived at Holyhead in time to catch the 2 a.m. ferry. The Irish Sea was calm enough to row across, but we resisted the temptation.

Dublin sat quietly in the morning sun as we sailed in to greet her. Breakfast first, then away across the city to meet Trinity. Our first race was to be the Senior C Coxed IV that very afternoon. The course was 2,500 metres of the Liffey. Quite scenic too. Unfortunately, we lost this narrowly to the eventual finalists. As soon as we finished, Mr. Pat Bolton had to compete in the novice sculls, a slightly unfair tactic we thought. After an initial fast burst, he was defeated.

Trinity hospitality was immense and the Guinness flowed freely. We were given floor space in a student house that evening. On Saturday, through some confusion about race changes, we narrowly missed entering the Senior B Coxed IV competition, but we enjoyed the racing anyway.

That evening we were led to Bongo Ryans—the oldest pub in Dublin. The atmoshere was tremendous as we were shown into our private cubicle. During the course of the evening, Mr. Wilmar became somewhat confused and thought that he was in a railway carriage. The evening seemed to gather momentum as more people squeezed in to see us, including Jean, a friendly London-Irish prop-forward of unbelievable proportions. As our numbers swelled, we decided to leave Bongo's in favour of the "Wren's Nest" in Strawberry Fields. Many of the Trinity oarsmen were there and the backroom was packed with folk musicians. Fiddles, guitars and tin whistles everywhere. And Guinness. Mr. Bolton was seen singing.

Finally, we were invited to a party at a stately home where we were forced to drink Guinness from jam-jars. Mr. Titchen was seen to retire with a tiger skin, and a hunch-backed dwarf attempted to play "The Cliffs of Duneen" on a paper-comb. The women were very hospitable and we all made many new friends. A dumper truck offered a unique resting place for Mr.

Rosie. On Sunday we were taken to Killarney Castle to view some ancient blades and hear some old blues play some old blues on various instruments.

We eventually caught the ferry home and arrived at Guy's, fit and rested, on Monday morning.

The crew consisted of: Mr. Peter Titchen bow, Mr. Paul Wilmar 2, Mr. Peter Rosie 3, Mr. Patrick Bolton stroke, Mr. Geoffrey Vevers cox.

P. M. G. R.

The Boston Marathon 1976

The club had hoped to enter two crews for the Boston Marathon this year. However, only Mr. Titchen's crew had enough determination to become a reality and rise above being just an amorphous dream. This crew borrowed a boat to enter the Coxed IV division. We decided to transport the boat ourselves as we were unable to find trailer space with any other clubs. After a few problems, the boat was finally located and lashed on to the minibus roof, where it miraculously remained until we reached Lincoln.

Unfortunately, the "Lindum Hotel", our usual hotel, could only offer beds for two oarsmen, so the crew, and the two crew-physios, were forced to split up. Bad for morale.

On Sunday, Mr. Titchen and Mr. Rosie sampled the delights of the famous Niagara therapeutic vibrating armchair which may be found waiting happily in one corner of the Lindum. Thus refreshed, they joined the other team members. The boat was rigged and the crew began the 31 mile race to Boston at about 11.45 a.m. The lock was reached in about 1 hour 10 minutes. This first nine miles seemed to pass fairly easily and the crew remained in good spirits. The halfway bridge wobbled into view after about 2 hours 30 minutes. A cheer from the team physios gave us strength to row harder for at least 10 strokes. The five mile bridge seemed to be receding but we finally reached it after about 4 hours 20 minutes. The crew crossed the finishing line in 5 hours 15 minutes.

The team physios managed to revive us and we drove back to London feeling quite contented.

The crew consisted of: Mr. Peter Titchen bow, Mr. David Beadsley 2, Mr. Peter Rosie 3, Mr. Grahame Mason stroke, Mr. Fred Moorhouse cox (irritable).

Miss Sandy Christie and Miss Sue Davie were physios to the crew.

P. M. G. R.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

M.Phil. Science

Valerie Stovin (Nutrition)

Ph.D. Medicine

S. J. Challacombe (Oral Medicine)

Science

Frances D. Harvey (Biochemistry)

Ph.D. Science

D. W. Holt (Biochemistry)

Preliminary Examination for Students in Medical Subjects

June 1976

Rhoda Adam
Karen E. Barker
Juliana L. Beck
Anne Boucherat
Kathryn M. Bradley
G. S. G. Bunker
Jill M. Chaloner
N. J. Cooling
Florence P. Cowmeadow
T. P. Cullinan
J. Daragon
Edwina A. Dighe
R. A. Dobson
S. P. Fenny
S. Filby
Lindsay M. Herrington
I. G. Kestin
N. G. Kingdon
H. C. Lane
Denise C. Lucas
P. G. Robinson
Rachel M. Sowood
Jane A. Taylor
Lynn M. Taylor
K. D. Underwood
D. N. Wallis

September 1976

J. W. T. Lovett

2nd B.M.S.

June 1976

C. W. Allanby
R. Barnett
M. Beaman
M. J. Bellamy
P. J. W. Bolt
N. W. Braid
L. R. Brann
M. D. Broughton
H. O. Brunjes
C. J. Burrell
Sharon Cain
H. S. Cairns
R. Cerio
J. R. Chaplin
M. R. S. Clark
Susan M. Clarke
D. J. R. Corbett
Helen M. Cotton
Mary C. Cummins
P. G. Davenport
M. Davies
R. D. Davies
L. N. Denmark
Vasanti Deuskar
D. M. Dixon
Gillian M. Dodd
M. R. Draper
R. P. Dunn
J. J. Earnshaw
B. D. Edwards
D. Farmer
S. Filose
P. W. Fisher
G. R. Ford
Christina A. Francis
G. J. Francis
Mary E. Ganczakowski
M. Glover
C. L. Gwinnutt
Sarah J. Hands
A. K. Hayes
M. J. Heber
Margaret H. Herbert
P. J. Hobday
C. P. Holmes
N. J. Hounslow
E. J. Hughes
L. O. Hughes
P. Inns
T. A. Jacks
Diane James
J. A. Jedrzejewski
D. A. Jonathan
Margaret P. Jones
J. P. J. Kaliniecki
Mary C. Kalinkiewicz
M. R. Kiln
Helen C. Kinsella
Jenny Knight
D. P. Kwiatkowski
D. J. Lawton
J. C. McArthur
N. A. MacLachlan
R. B. Mallett
J. E. Masters
T. G. Mathias
D. F. Maxted
M. H. Miller
D. P. Misselbrook
N. Modern
S. Myers
J. P. O'Hare
J. C. Palmer
C. J. Parker
Sarah E. Pearson
R. J. Peck
J. Price
R. B. Pryn
P. J. Razzell
K. A. Ritchie
D. Roche
C. M. Rowlands
P. D. Rowley
P. D. Satchwell
Jane E. E. Shepherd
R. J. Sheridan
Karen E. Sinfield
Susan P. Smith
W. S. Smith
C. R. Stephens
M. D. Stringer
N. J. Surridge
R. J. Swingler
S. A. Szweda
M. P. Vallis
Clare P. Vaughan
R. H. B. Walkey
M. A. Watts
A. H. S. Weston
Susan M. Wheeley
E. F. Wheelwright
R. M. Williams
Lai Cheng Wong

Part IV M.B., B.S.

June 1976

J. S. Aldis
R. M. Atkins
D. Beswick
Nicola V. Boyes
A. S. E. Bristow
Amanda B. E. Clark
Susan J. Comper
I. D. Crate
D. F. Dayson
Katharine J. Dismorr
J. R. A. Duckworth
Anne Dudeney
Jane P. M. Evans
S. J. Forsdick
M. W. Gill
R. G. T. Glynne-Jones
A. R. A. S. Hamid
M. C. Harrison
M. J. E. Higgs
N. P. Hirsch
J. R. Hogg
Meriel C. Hollway
M. W. Houghton
P. J. Howard
M. J. F. Humphries
P. J. G. Hutchings
A. K. P. Jones
D. E. Jones
G. J. A. Joy
Valerie J. Knight
A. J. M. Lalor
A. G. Long
Heather J. Milburn
Deborah M. Mitchell
T. C. Owen
I. J. Page
M. R. P. Patel
Sarah E. Perfect
Judith P. Popplewell
H. W. Pritchard
Janet Rockall
G. A. Shun-Shin
Rosemary D. C. Southwell
S. J. Sperring
G. J. Tamlyn
R. T. Thompson
Wendy P. Towell
C. C. Trounce
A. T. Tylee
Gillian C. Vafidis
D. K. H. Webb
Joanna S. Westbury
W. S. Whitby
D. L. Williams

Second Examination in Dental Surgery

June 1976

N. V. J. Barrett
N. S. Bhuva
E. V. Bosch
A. V. Bramwell
N. J. Capp
Jane E. Carr
Sarah J. Carter
Valerie J. Cater
N. P. Chandler
C. K. Chen
Diane I. Christopher
J. M. Colley
M. P. Cornelius
M. J. Crawley
G. V. Cresswell
S. A. Cunnington
R. A. Davies
Teresa M. Day
S. A. Des Clayes
Carol Dixon
J. M. Ede
Alexandra M. Edgington
J. M. Friend
R. W. Gilbert
S. N. Gulamali
M. A. W. Habib
M. Hammond
Kathryn M. R. Harrison
Gillian M. Hartley
M. P. Hector
Jane A. Jordan
C. J. Legg
A. C. B. Logie
M. I. Longden
M. A. B. McEvedy
Christina H. Macfarlane
W. M. Mackey
Fiona M. McLean
G. R. Manning
A. J. Marks
N. L. Matthews
Thi A. T. Nguyen
Jayne A. Owen
J. A. Pascoe
N. D. Pendrey
S. G. Perkins
A. G. Pigot
S. L. C. Pimm
R. B. T. Price
D. J. C. Rees
A. J. Renaut
G. D. Rickard
R. Saravanamuttu
A. E. Searle
Jane E. Sladden
J. G. Smerke
Amanda J. Smith
Gillian T. Smith
N. R. Smith
Pamela A. Sugden
F. Suleman
G. D. Tarrant
C. D. Thomas
P. Vohra
Kathleen Warren
A. J. Watson
Deborah J. Watson
N. P. Willis
Kay L. Worrell

Third (B.D.S.) Examination in Dental Surgery

June 1976

M. P. Bennetts
C. J. Campbell
P. C. Coley
M. J. Cranfield
E. Fan
G. P. Feaver
R. Glazebrook
C. D. Grant
M. A. Hargreaves
J. H. Harker
C. Hopper
R. W. Jones
J. C. Leach
R. W. R. Nurse
R. A. Parham
R. Rajarayan
P. B. Smith
J. R. Stenberg
Regan Terry
Menna Wilkins
M. A. J. Wills

Part I

Jennifer C. Bloch
M. D. Boote
J. M. Bowen
R. J. Brocklehurst
Julia L. Browne
M. J. Buckle
Christine M. B. Buckley
D. R. Burton
R. Carter
Nicola J. Charig
Annette M. Clover
J. P. Coles
F. I. Collier
M. T. Coppen
Caroline M. Daniel
M. P. Delahaye
Annabel S. Gamlen
R. G. Hahn
J. A. S. Harrison
A. J. Hedger
S. G. Hill
Carole Hiscock
F. J. Hughes
T. S. Hutchinson
Alpna Inamdar
R. L. V. Johns
S. P. Jones
R. S. King
Jane K. Y. Lau
R. W. Laws
Janet E. Leigh
R. S. Levy
S. E. Martin
D. J. Mehigan
D. G. Moran
P. Munford
S. L. Newell
P. A. Norton
G. M. O'Hare
Geraldine A. Ovens
Vivienne I. Palfrey
D. O. Parnell
Alexandra M. Peel
C. N. Penfold
C. A. Pritchard
D. A. W. Puckeridge
Erica Rapaport
M. J. Rodker
R. B. Rome
J. A. Senior
M. G. Sheppard
A. D. Sidi
Ann M. Skelly
Judith A. Spencer
Barbara I. Szulc
N. H. Taylor
Judith C. Tranter
E. J. Whaites
G. M. Willetts
Margaret H. Wyatt
W. C. W. Yap

Part II

Elizabeth M. Brownbridge
J. Clark
D. R. Evans
C. R. Goves
B. F. Hagan
Jane A. Ingram
T. D. U. Miller
A. J. Patching
J. F. Plant
Sylvia R. D. Saunders
N. S. Singer
Anne J. Skipper
S. J. Thomas
A. B. Tidman
Sally E. Ward
J. P. S. Williams

Part III

Elisabeth Anwar
G. Avetoom
D. P. Collins
Melanie J. Dibden
R. N. Edwards
P. J. Jones
P. A. J. Keen
Sandra E. Kitchen
Janet F. Loch
Nichola Lolley
H. J. Longton
A. J. Patching
A. C. Portelly
I. Puleston
N. S. Singer
Anne J. Skipper
S. J. Thomas

Part IV

Pauline I. Arnold
Helen J. Ash
H. M. Attenborough
Clare Z. Bennett
Pia M. S. Birch
Anne R. Brown
Elizabeth M. Brownbridge
M. G. Bull
Michelle A. Bulline
Mary C. Burgess
D. E. Chalom
S. C. Cole
D. R. Evans
Deborah M. Gaskell
Jane C. Gibbon
I. B. Gough
C. R. Goves
B. F. Hagan
I. F. Haley
D. C. Hughes
Hazel J. Ibbetson
S. M. Jeffries
P. N. Jones
L. N. I. Kaba
P. A. J. Keen
I. Litchfield
Janet F. Loch
Carol I. Mander
G. Mason
N. J. Middleton
D. L. Miller
Carol A. Nixon
Lesley M. L. Peacock
J. F. Plant
I. Puleston
T. M. Ramchandani
I. Redfern
Patricia A. Reynolds
P. M. G. Rosie
J. M. Ryan
P. M. Sinclair
Christine J. Smith
S. T. Stanley
B. J. M. Stek
D. H. T. K. Tewson
A. B. Tidman
Rosamond D. L. Troughton
Gillian E. Trounce
C. K. G. Wagaiyu
Sarah I. Wallis
J. R. Wells

Guy's Hospital Dental and Medical School Student Intake

October 1976

2nd B.D.S. STUDENTS

Adams, R. P.	Queen Elizabeth's Boys' Sch., Barnet
Aldrich, Miss S. L.	Surrey Coll. of Technology, Epsom
Arthur, Miss S. E.	Sacred Heart Gram. Sch., Middx.
Andrews, S.	Plymouth Coll., Plymouth
Au, G. K. W.	Kingswood Sch., Bath, Avon
Bell, G. L.	Westminster City Sch., London, S.W.1
Berry, Miss S.	Brinkburn Comprehensive Sch.
Bhat, C. S.	Chislehurst and Sidcup Gram. Sch., Sidcup
Billington, M.	Colfe's Gram. Sch., Lee
Bond, R. H.	The West Kent Coll., Tonbridge
Brazenall, Miss C. W.	Dundee Coll. of Education
Breeze, M. R.	Graham Balfour High Sch., Stafford
Browne, R. D.	Highgate Sch., Highgate
Burton, N. C.	Chichester Coll. of Further Ed., Sussex
Byrd, W. J.	Manchester University
Chan, W. M.	Woolwich Coll., London, S.E.18
Cookson, R. S.	Stand Gram. Sch., Manchester
Cooper, Miss K.	Newport High Sch., Gwent
Corner, Miss J. B.	Sixth Form Coll., Luton
Derry, G. B.	Cranleigh Sch., Surrey
Downese, P. K.	Maidstone Gram. Sch. for Boys, Maidstone
Dyson, Miss L. C.	Sheffield High Sch. for Girls, Sheffield
Edward, Miss A.	Borlands Tutors Ltd., E.C.1
Exelby, J. R.	Bradford Gram. Sch., West Yorkshire
Goslin, P. R. W.	Devonport High Sch. for Boys, Devon
Greenaway, D. I.	Loughton Coll. of Further Education, Loughton
Hall, Miss C.	Greenford High Sch., Greenford
Hayes, R. N.	Kingston Coll. of Further Education, Kingston
Hockley, P. S.	Hinchley Wood Comprehensive Sch., Hinchley Wood
Holmes, P. J.	King's Sch., Worcester
Horsefield, Miss J. M.	Bournemouth Sch. for Girls, Bournemouth

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Jund, Miss N. Z.	Malven Coll., Worcestershire
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Phelps, J. W.	Worcester Technical Coll., Worcester
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Murch, J. P.	Tonbridge Sch., Tonbridge
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Darby, C. R.	Cranleigh Sch., Surrey
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Davies, S. U.	Whitchurch High Sch., Cardiff
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Feder, G. S.	Univ. of Sussex
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Stephenson, Miss W. J.	Wycombe High Sch.
Weston, Miss P. M.	Queen Elizabeth Coll., Kensington

PAPERS BY GUY'S MEN

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BIRTHS

CURRY—To Sandra (née Saxton) and Noel Curry on 19th August, 1976, at Palm Springs, California, a daughter, Jennifer Noel.

EVANS—To Leonora (née Kromhout) and Edward Evans on 9th October, 1976, at Cape Town, a son, Richard Morgan.

TOMLINS—To Gillian (née Cawthorn) and Christopher Tomlins on 25th August, 1976, at Royal Berkshire Hospital, Reading, identical twins, Julian and Roger, brothers for David.

ENGAGEMENTS

The engagement is announced between Terry J. Tarr and Cathryn E. Deaville.

MARRIAGES

DOWSETT—WATTS. The marriage took place at All Saints Church, Walton, on 20th August between Michael John, son of Mr. and Mrs. R. W. Dowsett of Frinton-on-Sea and Crystal Saram of Bury St. Edmunds, daughter of Mr. and Mrs. D. Thomas of Frinton-on-Sea.

POTTER—GRAHAM. On 11th September 1976 at Findon Parish Church, Sussex. Christopher Alan Potter to Jane Rhoda Graham.

CHANGES OF ADDRESS

Dr. Neil and Merrilyn Barber, 6 MacDonnel Street, Kingston, Ontario, Canada, K7L 4B6. Practice address: Suite 204, Kingston Medical Arts Building, 800 Princess Street, Kingston, Ontario, Canada, K7L 5E4.

Dr. and Mrs. C. Boothby, St. Nicholas, Hollow Road, Bury St. Edmunds, Suffolk, 1P32 7AU. Tel. Bury St. Edmunds (0284) 4456.

Mr. J. K. Donald, L.D.S., R.C.S.(Eng.), Sunnymede, 4 Dozmere, Feock, Truro, TR3 6RJ.

Dr. J. A. Jemson, 5504 Park Place, Port Alberni, B.C., V9Y 7J9. Tel. 724-3737.

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MONTHLY 27 NOVEMBER 1976 VOLUME 90 NUMBER 2264

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Quis custodiet ipsos custodes?

On the 16th of November "Competence to Practise" was published. It is a report of a committee of enquiry set up for the medical profession in the United Kingdom. The terms of reference given to the committee were: *"To review the present method of ensuring the maintenance of standards of continuing competence to practice and of the clinical care of patients, and to make recommendations."*

It is a seventy-four page document which concerns itself with the entire range of assessment of competence, from undergraduate teaching to the age of retirement and is, of necessity, fairly superficial. It is an important document in which a committee of twenty Doctors have put their own profession under the microscope.

Education and Updating

The rapid and accelerating rate of progress of medicine in all fields has, over the last fifty years, altered the technical principles and practice of medicine completely. The fact that you cannot teach an old dog new tricks lies at the heart of the report. It believes that *"the essence of university teaching is that in the process leading to graduation an individual acquires not only certain factual knowledge and skills; the educational process inculcates the ability to develop a critical approach to the study of principles and the development of individual thought . . . its object is to produce not a fully qualified doctor, but an educated man who becomes fully qualified by post-graduate training."*

Progress must be evaluated in the light of experience or else experience will be adversely judged in the light of progress. Past experience is of decreasing use, it is experience of change and the logic which lies behind it, an educated and flexible outlook, which is of increasing importance. Competence yesterday does not, therefore, ensure competence today and the report underlines the need for all doctors to keep up to date. In specialist practice, certainly up to Consultant status, the nature of the hospital ladder ensures that those who choose to climb it must keep abreast of events. Discussion beween doctors is a very important mode of continued education, it may therefore be that the general practitioner, being in many cases more isolated and autonomous is at the greatest risk. Regional Postgraduate centres which have been present and active in most areas for some time have a great part to play in this field, but the report suggests that this is not enough. Medical records could have a large part to play both in education and research providing that they are modified so that they provide an accessible and reliable source of information for retrospective comparisons of treatment regimes and for epidemiological analysis. The report also draws attention to the importance of the clinico-pathological conferences which are common practice in hospitals and might perhaps be called "Deaths, complications and hospitalisations meetings". It was the view of the committee that *"the best way for doctors to maintain their own standards is by comparing their work with others"* . . . and that there was no place for periodical examinations and re-licensure *"because a system of licensing could not be based upon measurement satisfactory enough to justify it."*

The Foreign Doctor

The problem of the foreign doctor is also considered, the assessment of clinical competence, which must be up to the standard of a post-registration, U.K.-trained doctor and the problems of language, cultural adaptation and understanding. The report states that *"we consider this as a double responsibility, placed first upon the migrant doctor to achieve the necessary linguistic competence and secondly upon the host country to ensure that he has so succeeded."*

The Ageing Doctor

The last major section of the report is concerned with doctors who may be losing their faculties, whether through age, psychiatric illness, alcoholism or addiction.

In the eyes of the committee there comes a time in every doctor's life when his faculties are reduced to such an extent that he ought to retire and that 65 years, which is the compulsory retirement age for NHS hospital doctors, only, probably represents the mean of the range. The report stresses that in some cases compulsory retirement at 65 may represent a criminal waste of experience and talent, but that there are many cases of doctors who

begin to lose their skills at a much earlier age. It is likely that such doctors will feel insecure about early retirement and consequent financial problems and continue to "muddle on" in spite of the fact that they may realise they represent a danger to their patients. It is suggested that counselling, retraining and redeployment schemes should be made freely available to doctors in this position so that they may regain their competence, and self-esteem and continue to practice in some capacity until they reach retirement age.

The Sick Doctor

The problem of the sick doctor is a difficult one. Doctors make notoriously bad patients being both late to seek advice and reluctant to accept it once given. The difficulty is compounded by the fact that limiting physical conditions will be recognised and steps will be taken—it is the insidious development of conditions such as mental deterioration, alcoholism and addiction into which the doctor may have little or no insight that present the problem. The report backs the proposal by the G.M.C. that *"any member of the profession who has evidence suggesting that another doctor is suffering from psychiatric illness should be free to approach a local panel* (consisting of psychiatrists, neurologists and physicians) *and that the doctor involved should be invited to submit voluntarily to any necessary medical examination."* It also suggests that the N.H.S. should undertake the informal and supportive action outlined above while the G.M.C. dealt with the doctor who refused to co-operate. If a doctor sees his own G.P. who advises that he should stop work for a while and this advice is ignored the report suggests that, *"the need for arrangements outside the usual doctor/patient relationship may arise"*. This amounts to a breach of confidence, unless it is made clear in a doctor's contract that his employment or registration is dependent on a sound bill of health.

Press Reaction

The reaction of the press to the report was mixed but on the whole good, the question "approximately what proportion of the profession is mentally ill, alcoholic or addicted?" could have produced "shock" headlines but did not. One correspondent asked "If the report could be considered something of a white-wash, and merely an attempt to forestall the Gnomes from Elephant and Castle setting up a similar enquiry?" Rather an unfair question as the only body able to assess health, or make intelligent assessments of standards of practice is bound to be the medical profession.

Conclusions

It is very important to the reputation of the profession that we are our own guardians, and the job must be done well and be seen to be done, however invidious it may seem, as the public has a right to feel confident in us. Lack of such confidence would be harmful to the profession in many ways but most seriously in the damage it would cause to the doctor/patient relationship which is and always will be the most important single feature of medical practice.

NEWS IN BRIEF

Mr. Guy Blackburn

Mr. Guy Blackburn, M.Ch., F.R.C.S., Senior Surgeon to Guy's Hospital, gave his last official ward round on Samaritan Ward on Tuesday, 16th November. Besides his firm of junior and senior dressers, many of his former house surgeons, registrars, consultant colleagues, and nursing staff attended. His teaching topics were carcinoma of the thyroid, haematemesis and Crohn's disease. He completely captured the massive group's attention with his unique mode of case presentation and discussion: personal anecdotes, satire, academic criticism and advice to all from his vast clinical experience.

One of the highlights of the two-hour session was the appearance of his famous and dearly-loved "mentor", Sir Hedley Atkins, K.B.E., the first Professor of Surgery at the Hospital. Sir Hedley's arrival added a special sparkle to this important, albeit sad occasion, and Mr. Blackburn told the audience of his respect and gratitude to Sir Hedley which was seeded at their "school in the Midlands" and reinforced at his later confrontation with "Colonel Atkins" in the Army.

It was a splendidly entertaining and instructive round which everyone enjoyed and will remember for a long time.

Gazette Staff — New Appointment

We are pleased to announce the appointment of Adrian "Scoop" Pini, B.Sc., to the post of News Editor of the *Gazette*. We would like to take this opportunity of welcoming the "Norwood Newshound" and wishing him the best of luck.

Paediatric Casualty

Congratulations to the Children's Accident and Emergency Department which celebrated its first birthday on Wednesday, 27th October. The department, which is situated behind main Casualty moved to Guy's with the closure of the Evelina Hospital last year. In its first year, 11,959 children have been treated in this, their own, Casualty.

A small party was held in the Department on 27th October at which Consultant Paediatrician Dr. Leo Stimmler cut a special birthday cake.

Bicycles at Guy's

We have mentioned before (Passim, September, 1976) the difficulties of keeping a bicycle in the grounds of the Hospital. Dr. A. R. Tammar of the Biochemistry Department is currently assessing the severity of the problems involved. He is collecting reports of any incidents of theft or vandalism and if any *Gazette* readers have suffered in this way, he would like to hear from them.

The Orchard Lisle Swimming Pool

The Orchard Lisle Swimming Pool, situated between Wolfson House and the Greenwood Theatre, was opened in October last year. It was an ambitious project, made possible by the generosity of Mr. Aubrey Orchard Lisle and the Special Trustees of Guy's Hospital.

The pool was provided solely for the use and pleasure of the staff and students of the Guy's Health District. The price of a swim is 15p and although the cost of a monthly season ticket has recently been increased to 75p, this can hardly be thought excessive. In fact, the revenue obtained from bathers cannot hope to cover the running costs of the pool. The Special Trustees realized this possibility (although perhaps not quite its magnitude) and run the pool as a service to Guy's men and women without expecting it to make a profit. However, there is no intention to gain financial advantage by opening the pool to the public at large—such was never the aim of the pool which has not been designed to meet Local Authority requirements for public places. This does mean that the ratio of full-time staff necessarily employed at the pool to bathers present at any one time is often high but there is no way round this problem.

The Management is at last permitting the use of the pool by guests, accompanied and paid for by a Guy's person. Any member may bring up to two guests who will be asked to sign a "visitors" book. This facility has resulted from long negotiations with the Local Authorities since planning permission was required. It permits Guy's Clubs to host water polo matches and swimming galas. Booking for the former should be made two weeks in advance and costs £5 (£3.75 if a Club wishes to hold a match during its own session time) and for the latter four weeks in advance at a cost of £10. (These figures are booking fees and accurate at the time of going to Press.)

The pool is a great asset to Guy's and it seems popular with staff and students—especially those living on the Guy's campus. We could help by showing our appreciation of its provision by using it more. This alone could help reduce its losses to more acceptable proportions.

Christmas Concert

The Guy's Hospital Music Club is giving a Christmas Concert on Tuesday, 7th December, at 8.00 p.m. in Southwark Cathedral. The programme is Vaughan Williams' English Folk Song Suite, Boccherini's 'Cello Concerto (soloist Peter F. Shipton) and a late Haydn mass the *Harmoniemesse*, performed by the G.H.M.C. Choir and Orchestra. Tickets will be on sale in the Colonnade in the days before the performance or can be obtained from Mr. Nicholas Bathurst, Music Club Secretary, c/o East Wing, Guy's Hospital, or from other members of the Music Club. Price 40p.

CLUBS' UNION NEWS

"The time has come, the walrus said, . . . ", and one of the things that has come around again is catering. However, this time catering's ugly head has undergone a metamorphosis, and is looking distinctly more pleasant. Last year, the balance sheet showed, at the end of the financial year, a loss of £22,000. This year, the loss is but a shadow of its former self: a puny (by comparison) £5,000. This has been done, furthermore, without increasing the profit margin in the Spit. As Peter Watkinson and I have maintained, catering at Guy's can be made economic without being prohibitively expensive. The two approaches advocated have been adopted: the one, of reducing overheads, and the second, of trying to change the rules governing which service costs have to be passed on to the customer.

To take the former line of attack. One of the largest items on the debit side last year (1974-75) was the Common Room in the Medical School (situated on the first floor of the Nag's Head yard extension). Over the year, the Common Room lost in the region of £5,000. This has now been converted from a waitress service—employing three staff—to a self-service snack-type bar, providing rolls, sandwiches, sausage rolls, soup, coffee, etc., employing only one staff. This, besides cutting down the overheads, has widened the appeal of the place, and these two have combined to make the Common Room pay its way. This change was only implemented from the beginning of June, and so in a full financial year, the benefits will be much greater. The waitress service has been transferred to the East Wing dining room, without the employing of extra staff. Another contributory factor has been the return of the Residents to the East Wing dining room (at their own request!). The trade thus obtained has made it worthwhile to keep the dining room open in the evenings.

The second line of attack was on the U.G.C. Pressure has been brought to bear on the U.G.C. for some time to induce them to change their rules governing the accounts of college catering. They have amended their rules—post-dated to the beginning of the financial year—such that many more of the fixed overheads can now be charged, not to the catering account, but to the general running expenses of the college. This amounted to several thousand pounds over the last financial year. These expenses are now covered by the U.G.C. grant to the School (via the University). This means that increases in the prices of certain services—lighting, gas, etc.—do not have to be passed on to you (the students) as part of the price of the food. This is therefore a change that will affect you directly, as it will slow down the inevitable rate of increase in prices. All that now gets charged to you when you pay for your meal, is the cost of the food, and the wages of the people who prepare and serve it. This is a bit of a simplification, but it is, in essence, the situation.

So what are we left with? We are left with an economically viable snack bar in the Medical School, which I would encourage students to use—they are certainly allowed to—; a dining room that

is, thanks to the Residents, getting along nicely, and a Spit, where the prices are among the lowest of the Medical Schools in London. There is also a coffee machine in the Gordon Museum (late of the North Common Room) which provides cups of coffee for those who are in the Medical School when the Spit is closed. These are your facilities: use them. The more you use them, the better they can become.

And now for something completely different (Monty Python theme music). Catering is not the only problem that is receiving attention; the security situation is constantly under review: both on the Clubs' Union Council, and in the Medical School. However, it appears, judging by the numbers of reports that are coming in, that the scale of the problem is decreasing. Although this is in part due to the changes instituted by the powers that be, a large part of it is due to increased awareness amongst the people that use Guy's, and live here. If the present situation is not to relapse, this awareness must be maintained. It will perhaps be helped by the material changes that have taken place. The most major of these is that the Medical School is now locked up from 12.00 noon on Saturday (when the Wills Library closes) to Monday morning. Access can be gained via the security guard, but there has to be a good reason. One of the areas criticised for being very open to theft was the Wills Library—the shelves outside. To get round this, there are brief-case lockers especially provided by the stairs to the men's locker room, the keys of which are available from the Medical School Office. Continuing on the subjject of lockers, those in the theatres changing room now have a provision for a padlock, and hasps and staples are available from Mr. Wheeler for fitting to one's normal lockers (he will arrange fitting). Last, but not least, in order that mail will not walk so easily, the pigeon-holes in the East Wing are going to be turned around and locked up (with a roller blind) when the porter goes off.

So, as you see, the Medical School, Hospital, and the Clubs' Union are all doing their part. Do yours!

Snowflake Ball

A reminder: Friday, 10th December, 7.00 p.m. until 2.00 a.m. Lots of good food and entertainment. Tickets are only £8.00 a double, and are available from Richard Dunn, Francis Hughes, or myself.

Winter General Meeting

Many thanks to those who turned up for the W.G.M. It was very nice to know that the Guy's student does take some interest in his own life!

Tim Palmer.

WINTER GENERAL MEETING

Those who were at the W.G.M. don't need to read any further; all others, read, mark, learn, and inwardly digest that which follows.

For such as didn't know (and there can have been few), the above meeting was held at 1.00 p.m. on Monday, 15th November. The others who didn't turn up can only be assumed to put student affairs too low on their list of priorities. However, the aim of this article is not to criticise, but to inform.

The agenda contained four items that, in anybody's book, ought to have merited attention. These were the finances of the coming year, the proposed amendments to the constitution, and two external affairs motions: one concerning the B.M.A., the other the N.U.S. The accounts for the past year showed a deficit of just over £1,100. To offset some of this, the reserve was used up (such as was left after various improvements), and this brought the deficit down to £800, or thereabouts. Thus, when drawing up the budget for the coming year, we had to offset this loss, and also start to build up a new reserve. Also budgeted for this year was a reserve to aid new or indigent clubs during the year. Applications for aid from this reserve have to be made via the Finance Committee. Thus, next year, there is a surplus of £994 (which will offset the deficit) and £1,000 has gone to reserve.

Now to the next item: the constitution. Firstly, however, to provide some background. Last year, the Annual General Meeting was, as usual, largely taken up by elections, and towards the end, as 2 o'clock drew near, it became rather farcical, as more and more people left. In order to prevent this from happening again, the following changes are now going for approval by the School Governors. They are that the elections for the posts on the Clubs' Union Council will be held by ballot before the A.G.M. Nominations for all the other committee posts will be open before the A.G.M., and will be voted upon at the A.G.M. By these measures it is hoped to (i) make the process more democratic, and (ii) to make the A.G.M. rather more attractive to students, and less of a marathon. If these proposals are passed by the Governors, they will be implemented this January.

The third item of import was the question raised about the B.M.A., and their proposal to form another medical student group. They have done this before, vide the B.M.S.A., and this foundered because of the inability of the B.M.A. to keep their fingers out of the (B.M.S.A.) pie. Further, they stated at the conference of Medical Student Societies held in Manchester a year ago that any society formed under their aegis would have to be mutually beneficial. Their present proposals were directed at non-elected representatives, and were to discuss the setting up of a new group. The motion before the meeting was setting out the terms upon which we would be prepared to consider such a group. It also stated that we, in general, were satisfied with what was already provided. The motion was passed nemo contra.

The fourth item was a motion requesting myself and the Vice-President to investigate the merits and demerits of the N.U.S., and this was amended to include other student groups, e.g., the British Students' Association. This is not a motion recommending *that we join, just that the question be reviewed, it being almost two* years since it was last looked at. This will be reported upon at the January general meeting, so come along then!

Those, then, were the main points about the W.G.M. that those who didn't turn up ought to know about. It behoves people to turn up, though, when matters of such weight are going to be discussed. Then they wouldn't have to read such a long (and probably boring) screed!

Tim Palmer.

NOTICES

SCIENTIFIC DEMONSTRATIONS

The Department of Medical Illustration has arranged for the Scientific Demonstrations produced for the 250th Anniversary to be on view in the Gordon Museum during the next six months.

In December the following demonstrations will be shown; "Themes of Work in the Department of Pharmacology" Department of Pharmacology.

"Facial Morphology—evolution of a system of measurement for the study of faces in children" Department of Paediatrics.

The exhibit "Guy's and Three Tales from China—examples of the East-West Titration", Dr. S. S. Brook, is on permanent view in the Department of Surgery.

HOSPITAL CAROL SERVICE

The Hospital Carol Service will take place in the Chapel at 7 p.m. on Tuesday, 14th December, 1976.

The Friends of Guy's Hospital

CHRISTMAS RAFFLE

1st Prize : Hand-made Doll's House.

(Made by Mr. McKey, Guy's Head Carpenter and his staff during their lunch breaks and furnished, to scale, by Mrs. R. A. Cawson.)

2nd Prize : A Large Cuddly Animal.

3rd Prize : 2 lb. Box of Chocolates.

10p tickets will be available either singly or in books of five from the Trolley Service, the Flower Shop, the Services Branch in the Superintendent's House, from Mrs. McGlone, Area Voluntary Organiser at 4 St. Thomas Street, and in the Colonnade on Fridays, 26th November, 3rd and 10th December, from 11 a.m. until 1 p.m. The draw will be made on Thursday, 16th December, at the Hospital and the proceeds will go to the funds of the Friends of Guy's Hospital.

GUY'S HOSPITAL—250 YEARS

The *Gazette* Committee held a special cocktail party to celebrate the publication of the new book, *Guy's Hospital — 250 Years* on Wednesday, 3rd November, in the Robens Suite, Guy's Tower. Some of the contributors including Lord Brock and Sir Cyril Clarke, Senior School and Hospital Staff, representatives from the Special Trustees of the Hospital and District Management Team attended. Selected members and editors of the National and Medical Press were also present at this important but informal event.

Clive Handler, the Editor of the book, welcomed the guests on behalf of Dr. George Scott and the Committee. He thanked the Special Trustees, led by Mr. Aubrey Orchard-Lisle and Mr. Peter Winfield, and the District Management Team, chaired by Mr. John Carruthers, for their generous financial support. Clive Handler then extended a special welcome to Lord Brock, the chief contributor to the book, and thanked him for coming. He then invited Lord Robens, Chairman of the Governors of the Medical School, to speak.

Lord Robens in introducing the Guest Speaker, Sir Hedley Atkins, paid a warm and special welcome to the 250th Anniversary issue of the *Gazette* and paid a wholesome tribute to those who had made it possible. He said that the liveliness of the contributors made the issue of special interest to lay and academic readers alike. It would occupy an honoured place alongside the various volumes written of the history of Guy's, like Mr. Guy's Hospital and future historians would rank it high on their research list. He liked its deep humanity which reflected all that he had known and experienced as the Chairman of the Governors of Guy's over the years. It was a volume to be read with relish and appreciation and warm thanks were due to all those who had made its appearance possible.

We publish Sir Hedley's speech in full.

Mr. Handler, My Lords, Ladies and Gentlemen,

Lord Robens has praised the quality of this splendid volume, the publication of which we are celebrating today and I must add my own expressions of admiration and gratitude for this outstanding achievement.

In his Preface, Clive Handler has mentioned by name and with appropriate acknowledgements George Scott, Chairman of the Editorial Committee, and those others who have contributed so much to the production of this book and I trust that they will forgive me if I do not mention them all again now. Let it suffice that we thank every one of them collectively.

But I must mention Clive himself because he has modestly and naturally refrained from indicating in his own Preface the immense amount of work, energy and maturity of judgement which he has shown in bringing this project to fruition. I have some idea of the effort necessary to achieve what Clive has achieved in editing a work of this kind; the problems of late delivery of copy, of selection without giving offence; of proof reading and correction, all of which he

Lord Robens, Clive Handler and Sir Hedley Atkins
Photo by P. N. Gaunt

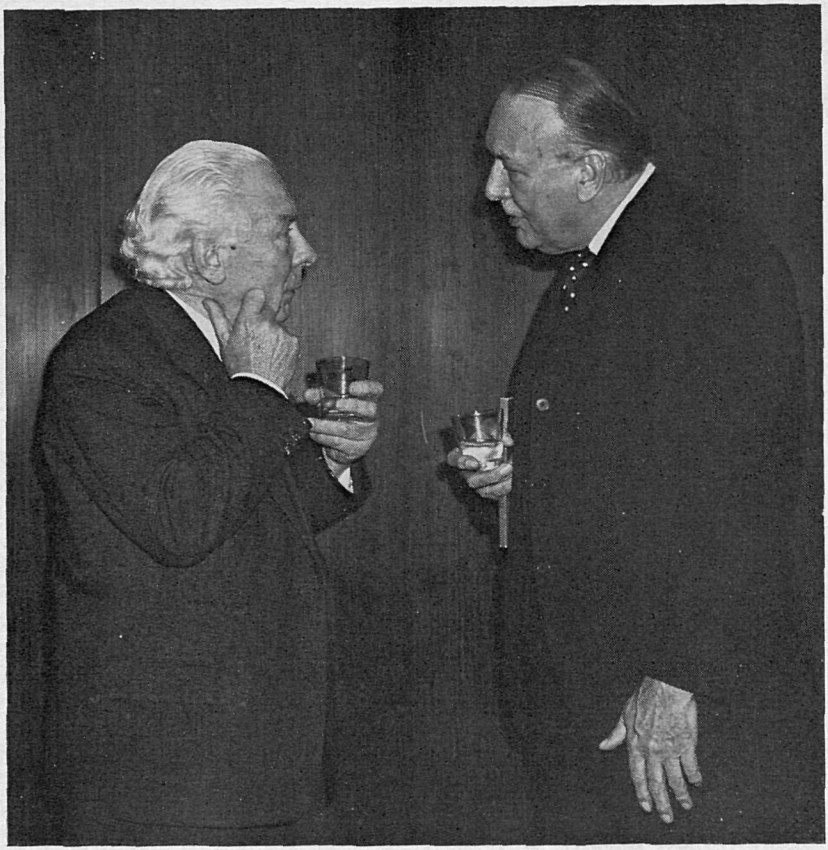
has overcome with thoroughness, courtesy and good humour. His name will surely be perpetuated in the annals of our hospital as a great editor of the *Guy's Gazette*, even if as we hope it may well be perpetuated for other reasons which lie in the future. All this work I may add was wrought whilst Clive was passing examinations in Obstetrics and Gynaecology, Pathology and Medicine. Thank you Mr. Editor for a fine job of which you must be justly proud.

On this occasion it would be appropriate to single out for special mention the late John Blaikley and also Philip Helliwell. Without these two great servants of our hospital this book would not have been produced. I know that John Blaikley would have been delighted at the realisation of his original idea and Philip Helliwell must know how all his colleagues appreciate that it was his thoughtfulness, inspiration and love of our hospital which rekindled faith in the project of such a publication. Once more I hope that those mentioned and thanked in Philip Helliwell's opening article, both medical and lay, will forgive me if I refrain from mentioning them again here. We are grateful to them all.

I know that Lord Brock must have received many letters congratulating him on his splendid Oration and he will forgive me if I add one more paean to this array. Now we have the opportunity of reading this and can appreciate that he has not only covered the history of the hospital since its foundation in an astonishingly small compass, but he has also caught the spirit of the devotion of its servants from the time of Thomas Guy to the present day.

I cannot go on mentioning the names of all the writers who have generously given time and effort to contribute, as this short address would become turgid, but there is perhaps one contributor whom the others will not mind that I single out; that is David Stafford-Clark. David travelled 3,000 miles to attend the celebrations, he delivered the Sarah Stolz Lecture without script or notes and he then recast what he had said for this book; all this within a short time of his harrowing experiences on the island of Cyprus. This is a monumental contribution and displays that charm of literary expression and wide culture which we associate with him.

The Brock Oration, which we may now call it, has described the many changes that have taken place in the hospital since its foundation. In the last fifty years these changes have amounted to a transformation. The very building in which we are now assembled has been erected on the site of the old College, destroyed in the bombing and known in my father's day as "the Spit". This, I may assure you, was so called, not because of the habits of the inmates,



Mr. R. J. Cann and Lord Robens

Photo by P. N. Gaunt

but is a contraction of "hospital". Other buildings have been erected, others such as those around the Front Quadrangle have been restored, but perhaps the most significant changes and equally to be welcomed are the circumstances of the patients who come to us for help.

When I first came to Guy's as a student much of the portering was allotted to us students, that is we wheeled the patients on trolleys from casualty to the ward, from the ward to the operating room and so on. As ward-clerks Cyril Clarke and I worked as a pair. He would pull one end of the trolley and I would pretend to push the other. Occasionally our dispositions would be reversed but I would take care to glance round from time to time to make sure that he was pushing his weight. This exercise is now frowned upon by Education Authorities and, except in an emergency, students do not do this, whereby they miss a lot of fun and the opportunity of observing and comforting a frightened patient on the stressful journey to ward or operating theatre.

I am sure I shall not be found guilty of hyperbole, at least in this company, (members of the Press excluded, by which I mean, not that they will be invited to retire at this juncture, but that they will not necessarily be expected to agree with everything that I say) I shall not be found guilty if I say that I believe that Guy's is perhaps the best known Teaching Hospital in the World and justifiably so. This is due, not only to its supreme excellence, but also to the fact that I believe it is the only Teaching Hospital in Britain known by the name of its founder which is short, easily remembered and has struck an endearing note over the surface of the globe—it must never be changed.

Every medical man recalls Bright of "Bright's Disease", Hodgkin of "Hodgkin's Disease", Addison of "Addison's Disease" and so he will remember too the name of Guy's. He will remember Astley Cooper, Henry Howse, Arbuthnot Lane, Wilks and a dozen others. No wonder then that the name "Guy's" occupies a place in the hearts and minds of doctors all over the world.

In my life there are three books which I have started to read after dinner and carried on to finish in the small hours of the morning without a break. The first was "The Reason Why" by Cecil Woodham Smith, the second "The Great Siege" by Ernle Bradford and now "Guy's Hospital, 250 years". Everything that I read therein was enjoyable, instructive and reflected the fact that those of us who have worked in this great centre of healing, our fathers before us and our sons and daughters after us, entertain for Mr. Guy's Hospital a love and respect which colours, influences and enlightens the whole of our lives.

This book which was written with affection, edited with skill and enthusiasm and is published today, is a work of piety, of devotion, and an augury that the next 250 years will bring continuing lustre to the hospital in St. Thomas Street where, 250 years ago, it all began.

OBITUARIES

Dr. HELEN HALE, F.F.A.R.C.S.

Dr. Helen Hale, Consultant Anaesthetist in the King's Health District, died on 8th October, 1976, at Guy's Hospital. She was 33 years old.

Helen qualified from Guy's in 1966 and after her pre-registration year at St. Olave's entered the Anaesthetic Department at Guy's as an S.H.O. She obtained F.F.A.R.C.S. at the first opportunity in 1970. After experience as a registrar at both Guy's and King's she was appointed Senior Registrar on the Guy's/Lewisham rotation.

She obtained her ultimate post at King's the day before her 30th birthday and must surely have been the youngest woman ever to be appointed to a London Teaching Hospital. During her short time as a Consultant she was responsible for setting up a post-operative ventilation unit at Dulwich for renal transplant patients.

She will be remembered with gratitude by her many friends at Guy's. Her cheerful fortitude and determination during her long illness was characteristic of her approach to life.

An Anaesthetic Prize has been instituted at King's in Helen Hale's memeory, and anyone who would like to donate to this fund should send their contributions to Dr. S. A. Mason, Anaesthetic Department, King's College Hospital, London, S.E.5.

J. R. Wedley.

FREDERICK WHEWELL HOGARTH

We learned with regret of the recent death of Dr. Fred Hogarth at the age of 95. Fred, who came to Guy's at the beginning of the century, was a keen athlete, winning awards for pole-vaulting, and an active member of the Rugby Club. This interest in sport he maintained throughout his life, becoming President of Morecambe and Heysham Golf Club; Medical Officer of the British Long Distance Swimming Association and a director of Morecambe Football Club.

He qualified with the conjoint diploma in 1908, graduating M.B., B.S., the following year. Before returning to his native Morecambe he spent three years with the Blue Funnel Line. He set up in general practice in Morecambe after the first world war—not retiring until two years ago at the age of 93. The people of Morecambe will remember Fred not only for the unflagging medical care which he provided, but also for the great interest he took in the district. This interest reached a climax with the publication of a book on the history of Heysham, some years ago.

Dr. Hogarth is survived by his wife and daughter to whom we extend our deepest sympathy.

THE BASIC MEDICAL SCIENCES COURSE

The BMS course replaced the old 2nd MB two years ago and, starting this month, we are publishing a review of the course. Most of the departments who contribute to the BMS course have agreed to help in this feature, and in this issue the views of the Introductory Clinical, Physiology, Pharmacology, and Human Reproduction and Development courses are included. Later we shall publish the student view.

BMS is an advance from 2nd MB in having many more subjects in its curriculum. The price to be paid for this however is the surfeit of examinations. The subjects are divided into three groups: A, B and C. Group A corresponds to the old 2nd MB and comprises perhaps the more didactic part of the course, and occupies most of the students' time. Group B includes the most radical departures from 2nd MB with systematic teaching of statistics, genetics, psychology and sociology. Group C consists of subjects of more direct relevance to ward work, "Introduction to Clinical Work" being the most important member of the group.

The BMS course is six terms long and begins each year in October. The table below shows how the time is divided between the subjects. R.G.H.

THE PHARMACOLOGY COURSE

R. G. Spector

Professor of Applied Pharmacology

The delight of being involved in medical teaching is that there is such an admirable end product—a medical practitioner. The trouble is that there can be no agreement as to what a doctor should be—scientist? psychotherapist? priest? man of the world? expert in diseases? expert in promoting the health of the community? The training of these different archetypes is presumably different—even though they are not necessarily mutually exclusive. What I am leading up to is that without knowing our aims, how can we measure the effectiveness of our teaching?

In teaching pharmacology these difficulties provide an exciting challenge. The science of the uses and actions of drugs in medicine deals with drug effects at molecular and cellular level and also with effects on the patient as a whole. There are also many drugs which can only be adequately studied by considering man in his environment in Society.

Knowledge about drugs is changing all the time and at an early stage the student (like his teachers) learns to use the journals and books to try to keep an eye on progress. Lectures can be useful summaries of topics—and seem to be particularly valuable as introductions to unfamiliar areas.

Naturally, teaching techniques are not necessarily valuable just because they are new. Nevertheless closed circuit TV, videotapes and films are used when appropriate in the pharmacology course. Perhaps the most valuable teaching aids we have are the meetings with clinicians and their patients in which the practice of drug therapy is discussed.

G.P.		YEAR 1			YEAR 2			No. of Hours
A	Biochemistry	Proteins Enzymes	Protein Synthesis Biochem. Genetics	General Metabolism *Physiol. Biochem.*	Special *Topics*	Clinical *Practicals*		*200*
A	Physiology	C.V.S.	Respiration	G.I. Tract Renal	Endocrines Neurophysiology	Integration		200
A	Pharmacology	← Ditto →			Neuropharmacology Psychopharmacology		Clinical Pharmacology	160
		General Pharm.						
A	Anatomy	Thorax	Abdomen	Pelvis / Head & Neck	Brain	Limbs		290
		← Embryology →						
		← General Anatomy and Anthropology →						
B		← Cytology & Histology →						60
		← Genetics →						40
		← Statistics →						20
						← Psychology →		40
							← Sociology →	40
C		← Clinical Demonstrations →			Ward Rounds	← Lectures →		180
					← Human Reproduction & Development →			60
					← Intro. to Pathology/Histopathology →			60
							← Medical Physics →	20

Pharmacology is an eclectic subject and lies at the meeting ground of many disciplines—such as physiology, biochemistry and clinical practice. Integration of the teaching is initially arranged with the anatomy, physiology and biochemistry courses. In addition to this vertical integration, there is a progression towards more clinical matters, so that in the sixth term the course becomes one almost entirely concerned with therapeutics.

HUMAN REPRODUCTION AND DEVELOPMENT COURSE

E. W. Baxter

Biology Department

This part of the BMS course formerly included Human Embryology but now for a variety of reasons Embryology has been moved almost in its entirety into the first (Junior) year of the BMS course. It had been found that a number of the topics which previously had been presented in the Junior year such as the biochemistry of the steroids and their action, the pharmacological aspects of the various phases of the reproductive cycle and its control, were presented too early in the curriculum.

While the course in embryology includes a number of demonstrations the second year teaching is by lectures only supplemented by visual aids such as slides or videotape.

The examination of this Group "C" subject is by MCQ only and analysis of the responses over the past two years has shown an overall improvement in the number of correct responses as well as more correct "yes" answers—in other words candidates are becoming less prone to guessing.

While the course is concerned mainly with the normal, so as to provide a basis for comparison during the clinical period, the range of variation within the norm is constantly stressed; likewise the different environmental and social backgrounds of each developing child.

One of the distinctive features of this course is the relatively large number of clinical lecturers that take part in it compared with those in other subjects. This is particularly true of the obstetric and paediatric aspects where the lecturers are those whom the student will meet on a more personal level later on during his clinical period.

While the topics that will be covered this year are substantially the same as last year, the total amount of time has been reduced in accordance with the recommendations of the Curriculum Committee which in turn took the feed-back from the students' Committee.

It remains to be seen to what extent these current changes are an improvement on the previous two-year spread and it may well be that other changes may be desirable in the future.

THE CLINICAL SESSIONS OF THE BASIC MEDICAL SCIENCE COURSE

Brendan Hicks
Clinical Tutor

The Junior Year

The clinical demonstrations of the Junior BMS Year are designed to illustrate the basic knowledge then being acquired, to stimulate curiosity by explaining clinical disorders, and to reassure the sceptics that clinical work really does call for the broad range of facts and understanding included in their studies. If, by virtue of the numbers in the class, it is necessarily clinical "theatre", then it is at least theatre with live players—real patients—and an audience that has every opportunity to participate actively and critically.

Breaking away from the lecture theatre towards more individual involvement, we have also had the help of many consultant staff (through small group ward tutorials) and the Thamesmead general practice team in getting new students face to face with patients and their problems with minimum delay. In such activities the object is motivation rather than training, but "the fresher" can soon acquire some clinical skill, with the help of the London Ambulance Service. Every year a team of L.A.S. instructors run two sessions on Essential First Aid, so that even the newest Guy's man (or should I say Guy's person?) can prevent life being lost through ignorance.

The Senior Year

1. The objectives of the BMS Clinical Course.
2. The overall structure of the Course.
3. The components of the Course.
4. Probable strengths of the Course in its present form.
5. Weaknesses of the Course in its present form.

The Objectives of the Course

Though foreign to English tradition, it can be valuable to establish where one is trying to go. Then one can plan the route, and finally judge how near to or far from one's target one has landed! So where are we aiming with this introductory clinical course?

The question can be answered by stating what we hope the student will be able to *do* at the end of the course . . . such as . . .

1. Interview a patient effectively, to achieve rapport and identify problems, understanding the various factors which influence a medical history and the process of obtaining it, and being sensitive to the effect of the interview on the patient.
2. Define and describe the common and/or important disorders of the cardiovascular, respiratory, alimentary and nervous systems.
3. Recognise the major symptoms and syndromes associated with disorders of those systems.
4. Examine those systems competently, and elicit, recognise, and interpret abnormal physical signs.

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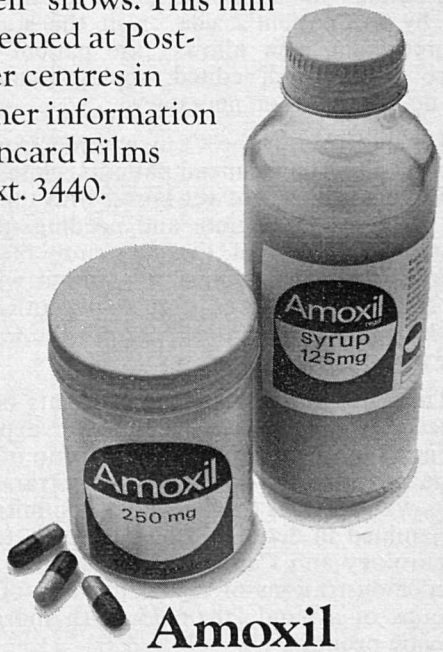
Amoxil makes all the difference everywhere because it gets patients better faster. Also, Amoxil destroys bacteria more quickly–as the new Bencard film "The effect of penicillins and cephalosporins on the bacterial cell" shows. This film will shortly be screened at Post-graduate and other centres in this area. For further information please contact Bencard Films on 01-560 5151 Ext. 3440.



Amoxil makes all the difference everywhere.

Bencard

Full prescribing information on Amoxil (regd.), amoxycillin, is available on request from Bencard, Great West Road, Brentford, Middlesex.

5. Analyse and record clinical data effectively in the style adopted by Guy's (problem-orientated) so as to improve his learning and the value of his notes as a permanent medical record.
6. Describe some major disorders in other systems (endocrine, renal, connective tissue disorders, etc.).
7. Enjoy functioning as a clinical student, contributing his intelligence and enthusiasm to the firm, and his new clinical skills to the better care of the patient.

Some exclusions may be noted. It is left to the clinical firms to teach some skills, such as venepuncture, and some areas of knowledge, such as specific treatment.

The Components Within the Structure

The lecture is a dangerous drug, effective when used in the right dose for specific indications, but lethal when misused or taken in excess. The weekly or twice weekly lectures in the course aim to "programme" the 110 participants for the real learning which takes place by the patient's side or in the study of a book or a tape. Videorecording now allows "the patient" to be brought into the lecture on demand, edited, replayed and seen in context or in close-up, as and when necessary.

The patients in the Course come from three different sources. There are the Thamesmead patients, close to their family and home, seen in perspective, not yet bored with the questions or the answers, their problems immediate and needing urgent solution. There are —at the other end of the spectrum, bless them—the "regulars", stalwarts of the Pre-clinical Classroom with unchanging signs who have trained a thousand Guy's apprentices on that first shaky try with the stethoscope. And there are the Guy's in-patients, who only fade away. . .

The BMS student meets in-patients both in the Classroom and on special Ward Tutorials. The latter depend for their great popularity and highly effective teaching ratio of five students to one tutor on the involvement of many registrars, lecturers and research fellows who add this to their other commitments; one or two patients are examined in detail and ideally each student is actively involved. In Neurology and Cardiology it has been found helpful to include some demonstrations of the assessment of typical clinical problems to groups of around 20 or 25, with more emphasis on the whole diagnostic process.

The acquiring of examining skills is difficult for students who spend most of their time on School rather than Hospital territory, but the new groups may be helped by the existence of videorecordings (in colour and of good quality) which illustrate the examination of the principal systems. The cartridge form in which these are stored enables the student to use the tapes for self-study in the Gordon Museum, to be followed up by practice in his or her own time.

The Overall Structure

A diagram sums it up:

Term 4	Term 5	Term 6
takes first medical history —writes it up— discusses it	participates actively in interview of patients "off the street" at Thamesmead, and one in-depth study	interviews a patient in front of a tutor (TV), assesses and writes up a ward patient as a formal "case study" (POMR), and in-depth study continues
learns basic facts and examination of the cardiovascular and respiratory systems	learns basic facts and examination of the abdomen, alimentary system and "lumps"	learns basic facts and examination of the nervous system and the eye, and general lectures on selected topics
	revision rounds on the CVS and RS	revision rounds on the CVS, RS, and abdomen

The other major exploration of television as a learning medium has been in the area of the interview. The student can see himself in action and, with the constructive help of a tutor, retrace the path followed by the interview. How did his manner come across to the patient? To what extent was the interview controlled? How could that piece of information be obtained more efficiently? How would he react if this were *his* doctor? The experience is uncomfortable but the resulting insight is most impressive. It's very good for the tutors, too!

The critical discussion and grading of case histories in the Problem Orientated format is essential first level training, to be built upon by the clinical firms (analysis of problems being inevitably limited at this stage by the scanty clinical experience). The in-depth studies of patients require the student to follow a patient through a pregnancy or an illness over a period of several months, absorbing and reviewing all aspects of the case, from the patient's perception of the care given, to practical details of management. A trial run, the "Mother and Baby Project", was organised by Mr. Coltart and Dr. Webb, and seemed to show great potential.

Probable Strengths of the Course in its Present Form

1. The reviews of the course suggest that students enjoy it. As a motivating force in students who are strongly clinical in orientation, it is especially valuable in its present position, straddling the purer BMS studies and the wholly clinical period.
2. The Course has a vigour which imparts to the students the fact that their tutors actually enjoy their job (all credit to the tutors).
3. The clinical sessions and basic science sessions are moving towards an increasing degree of integration, which would make good sense intellectually if the practical difficulties can be overcome.
4. The diffuse nature of the Course permits the involvement of many tutors over the year, who can then be involved in learning with small groups of students. With 110–120 in the class, a more concentrated course would rapidly exhaust resources.

Weaknesses of the Course in its Present Form

1. The diffuse nature of the Course does not encourage concentrated attention on clinical learning, which has to compete with the subjects soon to be examined at University level.
2. The first session of the senior Course is actually separated by twelve months from the first week as a clinical student—it is a long time for information not in daily use to "stick". The difficulty is compounded by the awesome three month gap between the end of the senior BMS year and the beginning of the first firm. Should that Term Six be much more intensive? Should the long vacation be sacrificed?

3. The 20% or so of Guy's students doing an intercalated B.Sc. see no patients for over a year, and then go directly on to a clinical firm.
4. The few Oxford and Cambridge students require a special, necessarily short, introductory course to link them in to the October start on the new firms.

Conclusion

The Guy's boast has always been that its graduates were good clinical doctors (and more besides, of course), so the problems in this Course of clinical doctoring need especially urgent solution. The challenge will be that of finding solutions to the problems without dissolution of the fabric. Views from all sources will be welcomed.

THE PHYSIOLOGY COURSE

C. B. Wolff

Physiology Department

The overall course in Physiology is run as a series of smaller courses in sequence. These smaller courses are each named according to a functional system of the body; the cardiovascular course, respiration, gastroenterology and so on. Most of the lectures for a given physiological, or functional, system are given by one lecturer who decides upon a variety of teaching material, which is used to augment information from the lectures, before the course begins. There is one lecture each week during term and a weekly multiple choice question (MCQ) sheet is issued along with a multiple choice answer sheet. A weekly tutorial is also held for which a tutorial sheet is issued. Students collect the multiple choice, and tutorial sheets immediately after the weekly lecture.

The basic principles are outlined in the lectures and a certain amount of basic information is given concerning the subject. Answering the MCQ paper for the week usually involves interpretation and further background reading on the part of each student, while further information is given in explanatory MCQ answer sheets. The answers given on this sheet may give considerable detail. The MCQ system is informal and students can use it to assess their own progress. Students are encouraged to quiz the teaching staff about the MCQs. This helps to educate the staff almost as much as the students who often find ambiguities and alternative explanations which have been missed by the staff during preparation of the course.

The tutorial sheet for each week is always a puzzle, in the sense that one or several conclusions can be drawn about physiological mechanisms from inspection of the figure or tabled numbers. The subject matter is chosen to act as a framework for discussion on an area of physiology close to the lecture and MCQ material. Lecturers are discouraged from too obviously leading discussion in tutorials, and even leave the students alone for part of the time to see how unsupervised discussion works. Giving this type of responsibility to the students surprisingly often acts productively, rather than resulting in students "twiddling their thumbs". Lecturers learn

a good deal in the tutorials to an extent which probably depends on the degree of non-intervention they manage to achieve.

It can be seen that there is an emphasis on problem solving in the course. This is regarded as vital to students' ability to tackle the multifactorial analysis which will face them later in clinical work. There is plenty of room in studying normal mechanisms for examining the experimental findings related to a particular area, in much the same way as will be appropriate clinically. The student examinations, both internal and University, include a strong emphasis on interpretative questions. Half the marks are allocated to the interpretative questions, a quarter to MCQs and a quarter to essays. The interpretative questions are usually derived from papers in scientific journals. Diagrams from these papers are often included, and the text of the question is long, usually much longer than the answer required. The students are expected to work out their conclusions from the information given and then write a short answer. Interpretative questions from old examination papers are studied with particular care by the students, and it is hoped that this enables them to see that it is important to select material from a mass of information in order to reach sensible, usable, conclusions.

Lecturers generally find it difficult to write the interpretative questions. However they are given plenty of opportunity to compose the questions and also to compose model answers. When students take internal examinations, these are regarded as part of the physiology course. The students are therefore given the option of taking the examination formally or not as they wish. If they do not take the internal examinations formally they are encouraged to pick up question and answer papers and work on these independently. These students can get the question and answer papers at the time the other students are sitting the paper formally. It is hoped that the examinations set in this way give students part of their physiological information, and practice in thinking out physiological problems.

There is a double system for practical work. During the first two terms students attend formal practical classes in which standard instructive, but stereotyped, experiments are carried out with their co-operation. The types of practical, for example, include the examination of frog muscle and nerve preparations, and demonstrations of basic aspects of instrumentation such as frequency responses. Practical note books should be written up weekly and are marked every fifth week. An attempt is usually made to have 5 to 10 minutes personal discussion with each student about their understanding of the practical classes concerned. In this area there have been suggestions by the students that the practical classes over-emphasise some aspects of the cardiovascular system such as the electrocardiagram and the Valsalva manoeuvre. It is hoped that by persistent openness and review of such aspects of the course it may be improved.

During the third and fourth term students experiment for themselves. This is referred to in the department as "thinking on the feet". Eight different groups of students normally do practical classes on two different days. Eight projects, outlined briefly by

different lecturers, are posted up on the notice board toward the end of the second term and students sign under the project text which appeals to them. Individual groups usually have to be limited to 14 students. In the third term students are given a talk in the first practical class time about the general aims of this kind of practical work. Some students will discover that they are imaginative or steady plodding practical workers, and others may find the experimental approach is not for them. There is always a natural fragmentation of each main group into smaller groups of students.

Teachers in other physiology departments find it surprising that students should get anything out of independent experimentation yet students do appear to find it absorbing. Some students branch off and do something quite independently, such as two students who examined the reaction times of subjects with strokes, and a student who introduced a new way of studying perception of the size of an object at different distances from the eye. Some results have been published and most of the results prove interesting to the staff, and apparently also to the students. Much of the capital equipment grant to the department is spent on instruments which increase flexibility in studying physiological mechanisms experimentally, so that students can "think on their feet" more productively.

The department consists entirely of clinically qualified staff. Good physiologists are not all clinically qualified but the policy at Guy's is based on the idea that the relevance of the teaching to the students' eventual approach to clinical problems will be greater if the teaching is by clinically qualified staff. The staff each hold an honorary clinical appointment and are encouraged to participate in clinical activities.

This series of articles will be continued in the next edition of the Gazette.

NOTICE

GUY'S HOSPITAL THEATRE CLUB

THE FIRE RAISERS

Following its recent success at the Edinburgh Festival, the Guy's Hospital Theatre Club is this term performing Max Frisch's "The Fire Raisers".

> "This play is successful in every level; the story is as gripping as an adventure story, each line is fraught with several meanings, being a true expose of the 'iceberg' writing we keep hearing about, but seldom get; as an allegory it is unique, and behind the whole organic structure of the play is a European brain that is as witty as it is adult."
>
> Edna O'Brien in *Encore.*

There are to be four performances, December 1st—4th; at 7.30 p.m. in the Greenwood Theatre. Tickets will be available at the box office, price 50p, and on the Colonnade at lunchtime during the previous week.

BIONIC BORE

Readers of this column (if there are any) may be becoming increasingly perturbed by the amount of time I must spend walking through the Park or up and down the Colonnade bumping into my good friend (the puerile playwright) Magnus Bore. Suffice it to say that it happened yet again, and as usual we strolled to the Spit, bought ourselves some bezoar-burgers with beans and took a seat. He was, undoubtedly, excited. You could hear the crackling as his neurone fired from ten feet away and the static electricity thus generated was making his hair stand on end.

"What's new Magnus?" I inquired casually.

"A breakthrough, A FIRST FOR BRITAIN", he retorted with his mouth full, mowing down a crowd of innocent bystanders with bezoar-burger shrapnel.

"Oh yes", I said, "and what might this be?"

"Well", he replied, "over recent years American television has become preoccupied with the antics of an ever increasing group of Bionic people. Poor souls who have been involved in some calamity or other, but are miraculously restored to health and strength by a small but dedicated band of atomic surgeons with their horrendous array of nuclear appendages. In the beginning there was the Bionic man, followed by the Bionic woman, the Invisible man and lastly, the Gemini man, a poor unfortunate who was inadvertently invisibilized by the explosion of a hydrogen bomb. Luckily the backroom boys were able to visibilize him with the use of a wrist-watch stabilizer and now he is able to become invisible for fifteen minutes every day, but no longer or else he disintegrates. He is finding it quite useful. Until now, we in Britain have been prepared to sit back and allow the Americans to lead the field but, no longer, I have the answer."

At this point he paused for effect, drew himself up to his full height (which is nothing to write home about) and tried, in vain, to assume a wistful, far seeing, pseudoscientific expression.

"Hallux Valgus", he said, "The-Man-With-The-Bionic-Big-Toe. I have written the first ninety-eight episodes."

I shuddered involuntarily but begged him to continue.

"In the first magnificent episode Hallux, an impoverished student, is walking past Guy's tower (the camera zooms to the viewers' platform on the thirty-second floor) when, alas, a villainous-looking young man lobs a stale pork-pie over the edge. The pie in question comes crashing down on to the poor young hero's big-toe. There is the sound of an ambulance siren, many anxious faces, and then, a beetle-browed atomic surgeon says:

" 'We have the knowledge, we have the technology, to rebuild this man's foot—but better, stronger, faster than before.'

"There is much wringing of hands, several E.C.G. machines and a multitude of tearful nurses, but, to everyone's surprise, Hallux pulls through. Later in that same magnificent episode Hallux is seen

having a bubble-bath deep in the bowels of the Department for Very, Extremely Secret, Hush-Hush Medical Research, when a gang of heinous master-spies break down the front door and begin to cheerfully abuse Miss Mammary Hyperplasia (who is the hero's sweetheart). She cries for help but, alas, Hallux has his big-toe stuck firmly up the cold tap. What is to be done?

"Hallux, however, knows what is to be done; with a mighty effort and much concentration he flexes his bionic big-toe, buckles the bath and tears the cold water system from the wall. He leaps from the bath, and hobbles towards his luckless lady-friend covering his confusion with only bubbles. There is much fighting, but Hallux with his bionic big toe and a hundred-weight of sound British plumbing wins the day."

"Fabulous", I lied.

"And in the second episode", replied Magnus, "a band of dastardly desperadoes have absconded with the entire National Debt and left the heroic Hallux suspended from the Post-Office tower by his big toe, but with a mighty effort and . . . "

POEMS—by Neil Pelling (Aged 10½ years)

THREE BLACK EYES

Three black eyes are staring
Staring in the night,
These three black eyes keep staring
Until the morning light.

Could it be a three eyed devil
Burning very bright?
Or could it be a little mouse
Fighting for his life?

Perhaps it is a planet's moon
Shining very white
Or perhaps it is a three eyed cat
Fighting for its sight.

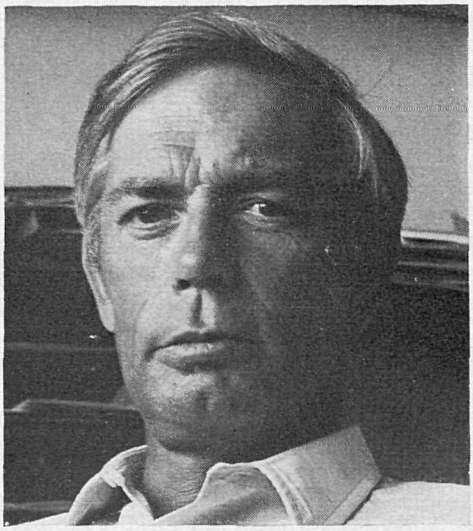
Or is it a three eyed bat
Swooping in its flight?
It is a three-eyed ghost . . . staring like a kite . . .
. . . Right?

FLYING IN THE AIR

Flying in the air, what can I see?
The land and men living there.
We always wonder where we are,
Up and flying down.
Sitting in a park, you could hear a bark,
Start to fly, up we go
Away from earth, you wonder how
Swirling round and swooping down
A bird keeps flying, around the town
Fresh, with flair, air.

GAZETTE INTERVIEW WITH
Prof. J. W. OSBORN, Ph.D., B.D.S., F.D.S.

Adrian Pini interviewed Prof. J. W. Osborn earlier this month.



Gazette: How would you like to see the 2nd B.D.S. course run?

Osborn: I have proposed, to the Board of Students, that during the first year there should be four days of pre-clinical and one day of clinical teaching per week. The clinical teaching would perhaps comprise phantom head or denture technique or bacteriology and pathology. During the four days anatomy, physiology and biochemistry are taught with a little dental anatomy, but not a great deal. At the end of the 1st year 2nd B.D.S. Part I is taken. For the second year there will be one day per week of pre-clinical and four days of clinical, thus the total time given to pre-clinical work remains exactly the same. During the second year the specialist sides of anatomy, physiology and biochemistry are taught as they relate to oral biology and this culminates in 2nd B.D.S. part II, which I would call oral biology. I stress that this is *not* integration, which I am against, it is overlapping subjects so that the student can see an organised pattern of knowledge unfolding. The first year gives an ideal opportunity to assess a student academically and technically, so that technical flops, who at present slip through the net can be weeded out in the shortest possible time. During the second year when oral biology is taught students will then be looking into the mouth all the time so that talking about gingivae, shapes of teeth, injections and the anatomy thereof, will mean more.

Gazette: Perhaps this system could be put to the vote, I don't see why students shouldn't at least have some say in the style of the course after its content has been decided by those who should know best.

Osborn: Recently there has been a re-think concerning the content of the 2nd B.D.S. course; just what should go into the University Red book. I made a plea for a very tightly defined university core curriculum which states exactly what everybody is expected to know, so that each hospital

can build on that curriculum and give their own specialities and interpretations. Well they didn't like it and turned it down; the anatomists did agree to set up a sub-committee to see if a detailed syllabus could be given. Together with the members of this department I drafted one which was finally agreed. For example it states that a detailed knowledge of the anatomy related to the administration of anaesthesia in dentistry, to the treatment of cardiac arrest and to the treatment of arterial haemorrhage in the oral cavity and face is required. The physiologists wouldn't clearly define a syllabus. They prefer a statement which as far as I can see says no more than "Physiology shall be taught". This leads to wide variations in standards and course content between schools. I sent our suggestion for a core curriculum round to all the heads of departments here and they agreed it almost to the word, thus I think for the first time there is agreement with clinicians about what should be taught in general anatomy.

Gazette: Interestingly enough a consultant at Manchester Royal Infirmary who has just been teaching a six month post graduate course in general anaesthetics to dentists feels that their pre-clinical background is quite adequate. He's been pleased with the results. Will this course be an improvement on the one that I did?

Osborn: Perhaps we should test it! The Board of Studies in Anatomy see this curriculum as only a recommendation; it is not intended for the Red book. I'm not saying that I necessarily know what should be taught in anatomy, but I do think that pre-clinicians and clinicians should co-operate over these problems. I think that School based rather than University based courses will inevitably lower standards. Certainly individual schools should be allowed to teach their own specialities, but there must be agreement between all departments within and between schools as to the core curriculum.

It's also impossible to judge the efficacy of teaching and examination if the pass mark is set within the place that students have been taught. It must be external and this of course requires a core curriculum so that the staff know exactly what they must teach, the students know what they must learn and the external examiner knows what knowledge he should be testing.

Gazette: Do you think that integrating the dental course is a good idea?

Osborn: I don't like the word integration. I don't mind overlapping but I don't like integration; it rarely seems to work. If you want to learn the facts of anatomy they can be learnt alone. And you will also learn a discipline which provides a view of the body which is quite distinct from that of the physiologist or biochemist. Anatomy has I think the word is a holistic approach where it thinks in terms of comparative anatomy, of embryology, of histology and the gross structure and functions altogether whereas the physiologist is a reductionist, he takes out little bits and looks at them in isolation; the cardiovascular system, the respiratory system and the alimentary system. Students find anatomy easier to learn I think, if they have a course of anatomy lectures, a course on the thorax and so on, instead of learning the heart for example when they are doing the physiology of the heart and learning the lungs when they are doing the physiology of respiration. In that case they wouldn't actually see the body as a whole. They would just see it in bits. If you integrate the courses of physiology and anatomy you disintegrate the original disciplines and are left with a doubtful hybrid discipline.

Gazette: So you think that integration is really a bit of a sham.

Osborn: It's very nice for a person who knows most of the course well. Then he can start to philosophize and synthesize, and so on; that's splendid. But if you're learning it, its remarkably difficult to fuse them all together.

Gazette: At Glasgow and Wales they have integrated dental courses, do they work?

Osborn: I don't really know. Only some form of test could decide. I see no reason for changing the course here. In any case a course should never be changed until the objectives of the course have been clearly defined. Next

find a way of teaching it, which may be the way you're teaching now, and then test the performance against the objectives. Only when this has been done should you consider changing the course, that is when you can test whether the change is an improvement. Teaching methodologies ought to be testable. So often change seems to be for the sake of it. Again when you've learnt the subject and know it well it's very easy to say, yes we should change it because it seems reasonable to me. Of course it does but as I was explaining before this is the wrong way to go about teaching. The teacher should put himself into the position of someone who does not know the subject. Houses are built on foundations, they do not just appear as integrated masses of halls, floors and ceilings. Similarly it is all very well teaching the philosophy of physiology for example, when you know your physiology well, but let's know the physiology well first and then we can start philosophizing about it. I am not saying that the philosophy of physiology is taught here! Substitute any discipline you like.

Gazette: How do you measure your objectives?

Osborn: Well, the ultimate product is usually a clinician, so that in the first instance clinicians must decide what they want. Then the preclinical people must decide how best to give a foundation for clinical science. This is not to say that the pre-clinicians do not have any freedom to add their own flavour to the course. They certainly must and I hope do.

Gazette: Is it necessary to study much of the preclinical to be a competent dentist?

Osborn: No I don't think so, but students must if they are to be complete dentists.

Gazette: How for example, is the study of Comparative Anatomy relevant to clinical dentistry?

Osborn: Dentistry is within the University and through research adds to the core of knowledge; now what can we offer to other disciplines? Obviously teeth. Anthropologists, Palaeontologists, Zoologists and Veterinary specialists for example, base much of their research on teeth but know very little about them, therefore we should teach and research dentitions.

Gazette: In 1971 you were appointed Visiting Agassiz Professor of Vertebrate Palaeontology at Harvard. How did your interest develop?

Osborn: I was working on the structure of enamel and Dr. Parrington, F.R.S., of Cambridge asked me to look at the enamel structure of a Triassic animal about 200 million years old. He also asked me what I knew about tooth succession, that is the problem of the sequence in which teeth are replaced in mammals and reptiles. I had to admit total ignorance, but became infected by his enthusiasm. Well on the way back from Cambridge Dr. Karen Hiiemae told me of a paper by a palaeontologist called Edmund on the problems of tooth succession and how reptillian dentitions evolved into those of mammals. I read this text and thought that it was absolute nonsense and to my amazement found that for ten years this theory had been totally accepted. This returns to what I was saying about the contribution that dentists can make; here we have a palaeontologist Edmund setting out theories without any real knowledge of the biology of teeth. It really only required one dentist ever to look at the problem, well at least as far as I was concerned. Within six months I'd written a paper in *Nature* exposing what appeared to a dentist to be the errors in Edmund's theory. Prof. Crompton at Yale read it and became interested as he was working on another reptile called *Thrinaxodon*. He asked me to go over to Yale to look at his material and see if I could elucidate the pattern of tooth replacement. I worked with him for six months during which time we published a paper, and then he moved to Harvard. After about a year he invited me there to work with him and while there I also gave a course on dentitions.

Gazette: To dentists?

Osborn: No, the extraordinary thing at Harvard is that they have a system whereby you can take a course which consists of say, Indian music, English art, South American history together perhaps with a little bit of immunology arnd sociology to give you one degree.

Gazette: Did you find Harvard students a particularly interesting lot?

Osborn! Not really! I don't think that the kinds of courses they were taking did them any good at all. Our students are far better at what they do—perhaps they'd be rotten historians or sociologists.

Gazette: Are you still working at Harvard?

Osborn: Not any more, I've almost given up palaeontology, except that I finished a paper in that field yesterday! My work in palaeontology has led on to embryology. Fossils record the changes that occurred in the genetic codes expressing dentitions. If you look at the outrageous sequence in which teeth develop and erupt in mammals you can get little idea of how it is controlled; you must go back to something simpler, so you go back to the earliest reptiles. You then trace the gradual change in the pattern, established by looking at fossils, until you come to mammals. I have been developing a theory to account for how the development of this pattern is controlled in reptiles and am trying to show how that control is distorted up through to the mammals. You now have a theory for development in mammals which is based upon twisting a genetic pattern, going right back to simple life in the reptiles. The theory can now be tested on mammals.

Gazette: Does it work?

Osborn: Yes, it seems to. The theory suggested in terms of evolution that the dentition develops out of a clone of cells spreading forwards and backwards. Now that suggests that if at a particular early stage in development you take out a single tooth you should get the whole molar dentition from a single molar tooth bud. Andrew Sita-Lumsden has been taking a single M_1 bud from 14-day mouse embryos and culturing them in the anterior chamber of the eye. He has been able to demonstrate that from a single M_1 bud the whole dentition M_1, M_2 and M_3 develops. In fact a single molar bud grows to become the molar dentition, its alveolar bone and even the periodontal ligament.

Gazette: So that this is in contrast to the idea of fields or zones for cellular differentiation. Why do you think that field theories were amongst the first models for development?

Osborn: I am totally at odds with field theories. I think that field theories are "black boxes" and so as models represent the easiest way. In fact field substances have never been shown to exist in 40 years.

Gazette: Many people feel that research undertaken in a teaching hospital ought to have some clinical relevance. How can the study of fossils meet this?

Osborn: It would be nice if it did have clinical relevance, but probably the best research that anyone can do is that which they enjoy doing; in this way they might give 60-70 hours a week instead of grudging 20 or so. So that certainly in terms of hours if people are doing the kind of research that they want to do you'll get far more out of them.

Moreover, I don't know whether the system in America which is operated by "grant bodies" whereby all research has to be set out, referred and reviewed and then granted or not granted (what is known as soft money) is a better system and produces better results than the system here, where we don't have specific grants, we simply use our school funds (hard money) as we wish. I know that the Americans have a terrible problem fighting for grant allocations and this encourages people to turn out more and more minutae without ever trying to look at the whole problem. They're forced to produce battery after battery of papers on even smaller and smaller subjects which some overall body apparently thinks is important. Now by contrast people in England have space and a certain amount of hard money to indulge in research; it's up to them whether they get on with it or not. I expect that the majority of people at Guy's for example

are not funded, except other than by hard money they get allocated for research by their departments.

Without a leavening of ideas you'll not get very far, people with ideas are essential for research and this is a good reason for allowing people freedom within a university, rather than dictating to them just what they "should" be doing.

Gazette: Even so, money is hard to come by; as many university posts become vacant they are not being filled. Similarly there are researchers who are having to leave their work in mid-air when the soft money runs out.

Osborn: I think that a person who really wants to get on in research, who really has got ideas, will get on, nobody will stand in his way. If one qualifies and does not want to practise and looks to research as an option, that is, as merely something else to do then its avoiding the issue and as such one is less likely to be successful. Perhaps I'm biased though, because I tend to work theoretically and don't need much money.

Gazette: Much of your work is mathematical, is this a new interest?

Osborn: No, I've been interested in maths since my school days. For the Higher School Certificate as it was then known I took maths and divinity, maths being my only main subject. I had the choice of combining maths with physics or chemistry, but was not sufficiently interested in either of the latter.

Gazette: As a major subject biochemistry has just been introduced into the 2nd B.D.S. course, would you have welcomed that as a student?

Osborn: It wouldn't have been a valuable course for me because I'm just not able to think that way, I mean, I could probably learn the formulae and trot them out to pass an exam, but I question that as being a valuable exercise.

Gazette: Did the initiative come from the Biochemists or from elsewhere?

Osborn: Everybody thinks that science is a "Good Thing", so that if you mention the word science at a Board of Studies and you spatter terms like a "broad physico-biochemical scientific background" then you're assured of getting what you want into a syllabus. Biochemistry is Science with a capital S, so that it can always get into a course.

I'm not convinced by attempts to establish demarcations between science and non-science, when people talk about science and scientific background what they are really talking about is logic. I don't think that "science" has the prerogative of logic above any other subjects for example. You see, if science is the construction of testable hypotheses, then a rat looking for food in the end of a maze is a scientist!

Gazette: Do you enjoy teaching?

Osborn: Yes I thoroughly enjoy it and the chance to influence people's thinking. But like acting in a theatre it does require a certain amount of confidence. I hope to encourage interruptions—a few anyway—and on some occasions have had some very original answers to my own disruptive questions. Out of eighty students in a lecture many, I think, given the lecturer's knowledge would be capable of producing good ideas, often better than the lecturer's. I think that we must get away from the belief that staff are simply staff because they're cleverer than students, many other factors for example motivation are important also. I should like to stress that since a university exists to store, teach and increase knowledge promotion in academic life should certainly be partially based upon teaching ability and the time that members of staff put into their teaching.

Gazette: What advice would you give to someone starting research?

Osborn: I have great faith in attempting to think laterally. I suddenly realised reading Kuhn why I dislike the cant of much science: taking things to their dreaded "scientific conclusions" and so on. Scientists are constrained by paradigms; if possible I would prefer to be outside the paradigm and so labelled non-scientific. So that before starting any research I would advise somebody not to read too much because if he does he will probably

limit his own imagination. Unscientific I suppose. But to return to the angels I agree that it is vital to set out problems clearly, in this way one is far less likely to get into a muddy alley. Logic is the main ingredient of science and logical ability can often be tested by doing problems. For example you're given 12 billiard balls one of which is lighter or heavier than the remaining 11. You're given a balance which you can use but three times. In three weighings can you tell which is the odd one out and whether it is lighter or heavier than the others. If it can't be done prove that it can't be done. This sort of problem tests logical thinking.

Gazette: Is there any other research within the hospital which is helpful to your own?

Osborn: Well, my work is really outside other people's here, but the Biology, Physics and Chemistry departments have been tremendously helpful and valuable to me. It's only when you need help that you start looking around, but you'll often find that other people within the hospital have been working on similar problems. I wanted to know about allopheues [eggs of four parents] and within a day located a researcher in the hospital who had worked in that field. There is an amazing wealth of knowledge at Guy's.

Gazette: Was your experience in America comparable in that you could call upon the research community so readily?

Osborn: No it wasn't. Even on the university campus there's not the cross fertilization that there is in the common room here. Granted that the common room is usually occupied by the same group of people, they nearly always seem to be able to answer my queries [without making me feel an ignoramus!] or to tell me who else can help me.

Gazette: If it is agreed that we impose hypotheses aimed at organising our environment, we have motives and are therefore thinking teleologically, when we do science. Do you accept this view?

Osborn: I quite agree, things are not just a mindless series of actions, teleology has a rightful place in science. Teleology rules OK. You naturally think in terms of function and must then choose your level of accuracy according to what you're attempting to describe. If you're trying to describe the structure of a cell to a student you will describe it at a certain level and use terms which he can understand and which may not be totally accurate; if you're discussing mitochondria with a student of mitochondria then you will have to use different terms to become more accurate; there is a hierarchy of accuracy but to make an orderly discussion and to descend to using the differences between two particular words for example, action and function has questionable value. Consider the cardiovascular system. Does it have an action or a function? Admittedly there is no teleology implied in the use of the word action, but if you say it has a function you are thinking teleologically. However imagine that you discovered that the blood circulated around the body, would you honestly ask yourself whether it had an action or a function? It is far more helpful to think in terms of function; by all means when you describe it say if you wish to your friends that it has an action, but you think in terms of function.

Gazette: It has been said that science is either well written or badly written, are you sympathetic to the view that scientific writing should be intelligible to the layman?

Osborn: I certainly am. The rattle and tattle of clichés in science is a particular horror to me since I started editing a book, the first volume of *Companion to Dental Studies*. One person may write something and it seems simple, another may write exactly the same stuff and make it appear terribly advanced. The sad thing is that people expect scientific writing to be difficult to follow. Moreover I'm against the use of the passive tense in writing papers. One should always clearly state "I" did something or other, "We" if we mean we, or "others" if they did it. "I" think that, rather than "it is thought that"—thought by whom, the passive is unqualified.

Gazette: What about getting students to read drafts of Companion to Dental Studies before its final publication?

Osborn: Yes that's probably a good idea, if there was the time. The important question to ask of course is, "Do you understand so and so?" I find that pieces are sent in for editing which I don't understand and I'm forced back to a medical dictionary to see just what jargon is being used. If I'm forced to do this I'm certain that the student is not going to make much sense of it. For example what can hepatolenticular disease mean to a pre-clinical student? Of course it is a real problem with perhaps 30–40 contributors ensuring that they are consistent in their terminology.

Gazette: Could you say something about the forthcoming editions of *Companion to Dental Studies.*

Osborn: The publishers of *Companion to Medical Studies* approached Dr. R. Johns and Prof. A. H. R. Rowe of the Dental School who in turn asked me to edit the first volume of pre-clinical subjects. I was against it to begin with, I was very cool about it, but after two or three meetings I spent considerable time trying to bring together physiology, biochemistry and so on to make a pattern and then I got quite interested. The first volume should be coming out in about a year to a year and a half. The remaining three clinical volumes should then follow in sequence at intervals of about six months.

Gazette: What do you think of Dr. T. J. H. Clark's assertion that students are getting brighter and perhaps academically able to meet the needs of the Community?

Osborn: I totally disagree. I think that students are basically as able now as they've always been and always will be. I do not think that there has been any variation in intelligence, only in application, which has fallen. I question the view that because the grades required for entry now are higher students are getting brighter or are of a higher academic standard on entry. It has been too readily assumed that academic achievement is a good correlate of brightness or intelligence and that in absolute terms the requirements for a particular grade have remained the same. Perhaps the requirements have fallen.

Gazette: How do you regard students' attitudes these days?

Osborn: I find it difficult to be sympathetic towards what seems to be a desire for present day students to be so different from each other. For example the wide variations in dress are in themselves of little importance but point to an underlying problem. The variation is presumably based on an absence of restraint. Most young people find it necessary to express their individuality in this and many other ways. But in my view they have very little individuality despite their apparent enormous differences. True individuality develops from different responses to restraints. In the absence of restraint people still try to be different but the differences are superficial and contrived. If you have a uniform you need to express your individuality in a more constructive way. The same sort of problem is faced in choosing a career. If you can choose any job and there are no restraints, some would probably drift around trying anything. Others would construct their own straightjacket of a job in an attempt to be individual. If it requires a strong effort to get into a profession—i.e. there are many restraints, the individuality has been achieved in the face of restraint and is worthwhile and probably lasting

Gazette: How do you feel about the disciplinary system which operates in the Dental School?

Osborn: With regard to discipline, I think that the way in which things could best be organised is that you have a Senior Studies meeting who would hear out in the first instance complaints about students. Complaints may be made firstly, but not necessarily in this order, for technical ability, second for attendance at classes and lectures and the success in internal and external exams based upon the teaching, third for the way in-patients are treated by students and perhaps fourth I don't know perhaps students' attitudes towards staff. If there is a concensus at the Senior

Studies meeting that there is a case to answer then the student should be told of this and then go to a meeting of perhaps four or five of these members where the case against him should be heard. He should then be able to reply to the criticisms and if he wishes may be represented, by the students union for example. If the case is found then he has a warning, and you might say that for things like technical ability he should get a couple of warnings or perhaps get sent back to phantom head; when it comes to the Standing Orders then perhaps only one warning need be given before expulsion. If a student fails an exam three times he is automatically out, there being no appeal. Of course students would have to be totally familiar with all the proceedings under which they can be cautioned.

Gazette: Yes, but the Standing Orders include that students shall take a reasonable lunch break and that they shall dress in a manner appropriate to the practise of Dentistry; well I doubt whether even the staff are unanimous about what constitutes having obeyed these. Should there be a revison of the Standing Orders?

Osborn: Yes I think that there should be categories within the Standing Orders with their respective number of warnings allowed. I think that many members of staff are very worried about the technical ability of some students who nevertheless qualify. Perhaps it's the absence of a well defined procedure for cautioning students which leads to these problems. At the moment I feel that it is very difficult to raise standards because if students perform poorly they are very often not properly informed as to just exactly what it is that they've done wrong. Very often a student simply does not know that he's in line for a warning until all of a sudden he receives one. I should add that this is merely hearsay from clinical members of the staff.

Gazette: What sorts of things do you like doing in your spare time.

Osborn: Oh, very simple things, I like to watch George and Mildred, Match of the Day, Call my Bluff, a game I thoroughly enjoy. I collect coins, English coins, just ordinary currency circulation ones. I spend a lot of time listening to music on head-phones while I'm working. I enjoy squash and bridge a lot too. I go to places like Italy, Spain or the South of France for holidays and like to go out for good food and wine, especially Burgundy, and the sunshine. I like doing puzzles, but the trouble here is that if a puzzle is going to be any good it must take a long time and if it takes a long time then you can become obsessive and spend all your time doing puzzles, so that it is essential to ration yourself out. For three years while in practise I did photography and got obsessive about it and had to give it up. Similarly I did market gardening, selling chrysanthemums, sweet peas and indoor plants and again had to give that up too!

I only enjoy research which involves fights. If there is friendly or even unfriendly antagonism between rival factions then its probably worth doing, if it's just describing things where there's no disagreement then its not enough fun. I think that the best form of academic argument to have is the one where you discover what your own view is. You may discover that your own view is wrong. This though, is much better than a rigid legal type of argument where conclusions rather than views may be reached.

Gazette: Would you like to say a final word about women in dentistry?

Osborn: I've been married to one.

Gazette: Professor Osborn, thank you very much.

NURSING

THE ECONOMIC CRISIS AND NURSING

The present economic situation has affected most members of society, and this has included those working in the hospital service. Unemployment has made itself very apparent, and there are now large numbers of nurses who cannot obtain a post despite the fact that wards are closed for lack of staff. This situation is now beginning to show a double effect, and it appears that no thought is being given to the long-term future, when hopefully the present crisis will have been resolved.

In the first instance, there is the question of basic training. The finances which are made available to hospitals have been drastically reduced, and this has resulted in a lessening in the number of recruits. For every available place there are now ten or more applicants. This, of course, does provide the opportunity to improve the quality of nurses, and is one which should not be overlooked. However, the smaller numbers which are now accepted as students, will not show the full impact for three years. Thus in 1980 when, we are assured, the economic tide will have turned, the hospitals will still have to close wards as the numbers of trained staff will have fallen. Presumably the number of students will increase, and there will be no experienced people to teach them.

The other way in which the lack of money is being felt, is in courses of training for qualified nurses. Most of these courses last for 6 or 12 months, and until recently there was frequently an unwritten agreement that students could remain on the staff of the hospital after completing their training. Unfortunately, this is not now true, and no guarantee of employment can be given. The result is that there has been a decline in the numbers of qualified nurses offering themselves for further training. It is not difficult to envisage the eventual outcome of this. There will be a decline in the numbers who are competent to work in specialised units, and a further deterioration in standards of care.

The British are renowned for their ability to respond in a crisis, but not for their future planning. The lack of nurses in a few years time will correspond with a decrease in recruits, who will, in their materialism, migrate back to the occupations in which the financial rewards are greatest, and it is a foregone conclusion that nursing will not be amongst these.

PHYSIOTHERAPY

Electrotherapy—a forward step backwards?

It is not all that many years since it was decided that a great deal of the electrotherapy that we carried out then was of little or no value, and the syllabus was pruned. Long-wave diathermy, treatments by surged sinusoidal currents, by constant direct current and by ionisation all went on to the scrap heap together with the application of insurged low-frequency faradic currents. True, they produced their heating or their stimulating effects but having produced them nobody was prepared to say of what practical therapeutic use they were. Since at that time we were anxious to show ourselves as the hand-maidens of science but at the same time were unable or unwilling to carry out the necessary research, and since, too, we were then, much more than now, restricted in practice by the dictates of the medical profession, we quietly dropped them from our range of treatment modalities.

Not but that a substantial number did not persist in quietly grumbling that no matter what lack of proof there was, they still knew by experience that benefits did accrue from the uses of these techniques. But, grumble though they might, the methods vanished because, no longer being in the syllabus they were not tested in the examinations, and not being in the examinations they were no longer taught. (It would be mistaken to believe that because a subject is no longer in a syllabus, it is no longer taught. Students learn more quickly what is left out of the examinations than out of the syllabus, and it is they who condition the teaching.)

It has been a strange experience—though others in different fields would no doubt assure me that it is not unique—to find that people have been writing up in journals their successes in treatment by using direct current applications, either alone or in combination with the introduction of specific ions, and to find low frequency stimulating currents applied to painful areas in order to reduce the severity of the symptoms. What price the galvanism and the sinusoidal baths and the substimulating insurged faradism of yesteryear?

If these techniques are to be re-born, we had better hurry because it will only be those physiotherapists trained some years ago who will know how to apply them. But perhaps it will become a speciality in its own right, and a new breed of electro-technicians will learn to enjoy the back-breaking labour of lugging seemingly endless trains of slipping, water-filled leg and arm baths for an up-dated version of the four-cell Schnee treatment.

It will be interesting to see what develops, and to discover to what extent techniques cast out because no rational basis for them could then be shown, will be rehabilitated back to respectability as knowledge advances. The manufacturers of electromedical apparatus still incorporate the means of production of these currents in their treatment units so we do still have the means and the capability, but it is a rapidly diminishing asset.

CURIOUS PROBLEMS
No. 12

LOOK FOR A RAINY DAY

Five members of a club sat in the bar and looked out of the window at their five rain beaten cars. As each man knew only which car he himself owned, they decided on an exercise. Each man would make two statements, one of which would be true and the other untrue, and the first man who was able to deduce with certainty the ownership of all the other four cars would stand up. It was agreed that each man could make his true statement either first or second, as he chose.

Ansley said: "I do not own the Rover. I own the Rolls."

Briggs said: "I do not own the Jaguar. I do not own the Wolseley."

Craig said: "I can now tell for certain which car Ansley owns. I have never in my life owned a Triumph."

Denby said: "I own the Triumph. I do not own the Rolls."

Edwards said: "I can now tell for certain which car belongs to Craig. I do not own the Rolls."

There was a pause after each man had spoken; but, though everyone made all possible deductions from these statements and gave everyone else credit for making all possible deductions too, nobody in fact stood up until Edwards had finished speaking.

Who stood up then? And who owns the Rover?

ANSWER TO CURIOUS PROBLEM No. 11

THE LION, THE SHEEP AND THE HAY

The boatman cannot leave the sheep alone with either the lion or the hay. His first journey must therefore be to take the sheep to the other side of the river. On returning he may now take either the lion or the hay. Whichever he decides, on reaching the other side, he may not leave it (the lion or the hay) unattended in the presence of the sheep. He must therefore return to the original side of the river with the sheep. There he leaves the sheep and collects the lion or the hay (whichever was not transported during the second crossing) and takes it to the other side. Thus in his fourth and final crossing he brings his sheep to complete the expedition.

BOOK REVIEWS

A Short Textbook of Paediatrics by Pincus Catzel. Pp. 446. Price £3.45. Published by Hodder and Stoughton.

This addition to the series of University Medical Texts does not, unfortunately, maintain the high standard of some of the other texts, particularly the first in the series on medicine which I remember using as a student. It is perhaps difficult in these days of rapidly expanding knowledge for one author to cover such a wide field accurately and succinctly and maybe a better approach would have been to divide the subject among two or three experienced undergraduate teachers. The main defect is in the choice of subject matter. The book reads as a condensed version of a large comprehensive text dealing with too many rare conditions with insufficient information about most to do more than frustrate the reader. As a result, common and important conditions are often sketchily treated, such as bronchial asthma which contains no information about the management of status, child abuse is reduced to a few lines, and behavioural disturbances, mentioned in the index, is two words in the discussion of encephalitis etc. No attempt to select is apparent, principles are not emphasized. little help to organise knowledge is given and a proper guide to efficient and safe diagnosis is lacking. The few line drawings are extremely poor, the text is verbose and in many instances inaccurate, for instance in the management of nephritis, nephrosis and urinary tract infection. The guide to further reading is poorly selected. Discussion of growth, development, social considerations and emotional problems which are perhaps the corner stone of modern paediatrics, is either poor or non-existent. In spite of its attractive price and the few good sections such as that on drug therapy, the book cannot be recommended for it compares poorly with other similar texts presently available.

C. Chantler.

"A Colour Atlas of Physical Signs in General Medicine" by M. Zatouroff. Pp. 464. Price £18.00. Illustrations 812. Published by Wolfe Medical Books.

Curricula may change, advances are made in physiology and biochemistry, teachers come and go but physical signs go on for ever. Some are spectacular, always recognised and of no importance but given a resounding eponym like the Campbell de Morgan spot. Others, such as the soft diastolic murmur or the uncertain flicker of the great toe after stimulating the sole of the foot, may be very difficult to elicit but of crucial importance to recognise and stretch to the limit the art of the clinician. It is a rather sterile exercise to pursue physical signs for their own sake, but there is much satisfaction to be gained from recognising signs which are present and which play an important part in the diagnosis. With the virtual extinction of many diseases either by prevention or successful treatment, gross physical signs which a generation ago were common, are now comparatively rare. Opportunities to gain experience in their recognition are fewer and any means by which the clinician can increase his competence in this field is useful.

This remarkable book which has been compiled by Dr. Zatouroff is really a collection of splendid (mainly) colour photographs. Their quality on the whole is excellent and they illustrate in a way which would otherwise be impossible aspects of a large number of diseases in European, African and Arabian patients. Conditions which are common in this country are included as well as those which are found more often in tropical countries. It is difficult to pick out for mention individual examples because the wealth of clinical detail is so great and there are very few indifferent photographs. Dr. Zatouroff has added his own comments which are sensible, succinct and accurate. This is a splendid book which will be much enjoyed by teachers and students, but unfortunately its cost will allow only those who have a rich aunt to obtain it. It should however provide many hours of fascinating study in the library.

R. K. Knight.

CORRESPONDENCE

"Plastiphobia"

SIR,—The article which appeared anonymously in the October issue of the *Gazette*, on the proposed use of plastic drinking vessels (PDV) in the Bar, is worthy of comment.

Nothing could be more unnatural for the consumption of real ale than a glass pot, its only advantages are that it is transparent (and thus the visual quality of the contents can be readily assessed), and that it is easy to keep clean. Chronologically, however, drinkers moved through such exotic materials as horn, wood, goat-skin and pewter before they came to accept glass as a substitute.

I suspect that our "plastiphobia" is due to our past experiences, when as children we were subjected to a whole range of completely unbreakable vessels of one sort and another, many of which were made of those polymers, which, when warmed, generated a characteristic waxy odour and taste.

The polymers from which the modern plastic beer pot is made are completely impervious to the constituents of its contemporary plastic contents and drinkers need have no fear of ruining even the best of ales by anything that can be leached from the PDV. The only noticeable difference is due to a lower coefficient of thermal conductivity, which is momentarily detectable when the PDV rests on the lips, just before its contents pass through to those parts, which it is intended should be reached.

The real advantage of the PDV is its resistance to impact, and as Senior Treasurer of an Intercollegiate Hall of Residence which was obliged to introduce them several years ago, I can report that our losses due to breakage have been reduced to almost zero. Care must, however, be taken in the selection of the correct type of PDV as some polymers are more resistant to violent abuse than others. Two other advantages have also accrued with the introduction of the PDV. The losses due to pilferage have been significantly reduced and the hazard of lacerated labii, due to the serated edges often found on the glasses in student bars, has been eliminated. The only problem of significance arises with the use of PDV for shorts. Some shorts (Pernod in particular) contain constituents which plasticise the PDV and the flavour and odour stubbornly remain. The answer here is to make a few vessels available exclusively for such drinks and to mark them accordingly.

Yours faithfully,

The Unit of Dental Materials Science,
Guy's Hospital.

DAVID BROWN.

New Clinical Curriculum

SIR,—With passing reference to your interview with Dr. T. J. H. Clark, I would like to make the following comments regarding the new course. May I mention that, having started the B.M.S. course in 1973, I am among the "pioneer students".

I am a zealous admirer of the clinical orientation of the pre-clinical course, but would like to point out that it only emphasises the clinical relevance and application of the rather scientific pre-clinical subjects in theory, and perhaps introduces the student to the concepts of a few disease processes and their manifestations, but it does not, in my opinion, adequately cover clinical history-taking and examining skills which, frankly, just cannot be learnt, in a flash, as it were, by examining each system just once.

In other words, the new orientation of the course, on its own, does not act as a full substitute for the old introductory clinical term, whatever that was (I don't take hearsay evidence at face-value!).

To conclude, I strongly feel that three months of introductory clinical work, without obligation to master any specialties whatsoever, is an essential plating to this otherwise surprisingly well-sculptured new course—or, to put it more magnetically, an expert finishing touch of powder to this fresh "CURRY"-culum!!!

As to where these three months should be fitted in, higher authority is probably better qualified to decide.

Yours faithfully,

c/o East Wing,
Guy's Hospital.

M. R. P. PATEL.

Residents' Play

SIR,—I have, of course, been quite fascinated by *Guy's Hospital 250 Years*, and from a personal point of view, especially the "History of the Residents' Play". As you do me the honour of bracketing me with Charles de Gruchy, Tom Hills and Mike Lavell, I hope I shall not be accused of cavilling when I say that I would rather join that illustrious group under my correct name (P221—no "S", if you don't mind!).

I composed the music for the plays 1928-32. My best numbers, and there were one or two quite fair ones, were in collaboration with Sidney Abrahams, who was brilliant at the lyrics. By 1932, the Residents' Play was acquiring quite a reputation, at least locally, for the whole cast was invited to repeat the musical numbers on the stage of the brand-new Odeon cinema at the Elephant & Castle. A proud day!

I called on that great superintendent, Herbert Eason, who, in his usual urbane manner, suggested that perhaps it might provide a somewhat undignified spectacle, and so we regretfully declined the invitation.

Some well-wisher in the audience arranged an audition for me with André Charlot, the famous producer of the successful run of revues at the Prince of Wales theatre. As I walked across Piccadilly Circus on my way to his flat in Jermyn Street, I could already see my name twinkling among the neon lights. The audition was most pleasant—and most salutary! On my journey back to Guy's, I decided that I had better stick to a medical career.

Charles de Gruchy took over from me, and usually incorporated a few of my old tunes with his own. Charles could not read a note of music, but as I was always too lazy to write down a score, this really didn't matter, for he had a wonderful ear.

These were incredibly happy days, and I hope this letter may interest a few people who, like myself, retain a deep affection for the Residents' Play, and a hope that it may continue.

Yours faithfully,

Nursery Cottage,
Sudbourne, Woodbridge, Suffolk.

OLIVER IVE.

Jo'burg Old Boys

SIR,—I wonder if you may have room in your correspondence columns for the following:

On returning yesterday from an eight-day visit to Johannesburg where I was taking part in the 24th International Congress of Aviation and Space Medicine, I contacted two Guy's men I knew well during the 1930's, Costa Halamandres and W. A. ("Willa") Lombard.

I thought some of your readers may wish to have news of them. Costa Halamandres (4½ blues at Guy's) who is a very successful and well beloved obstetrician and gynaecologist in Johannesburg has changed little. We had lunch at the Carlton Hotel and he took me to the well known sporting club, The Wanderers, set in its beautiful surroundings where I saw many famous names of those members, including Guy's men, who had represented their country in many different sports. It was evident from the many friends of Costa that I met that he remains just as popular a personality as he was at Guy's and Pembrey.

I had dinner with "Willa" Lombard and his charming wife and daughter

Carol at the Pretoria Country Club. He has retired from his University and Hospital appointments as Senior Anaesthetist but continues a successful career in private practice in his specialty. He is as agile and amusing as ever and certainly looks very much younger than his 70 years. He told me an old friend of his and mine at Guy's 1932-1937, Lionel Myburgh, had died unfortunately 4 years ago from Hodgkins Disease. He came from Cape Town.

"Willa" sent me on my way with five of the largest avocado pears I have ever seen, grown in his own garden in beautiful Pretoria. I had hoped to see John Leeming, a much respected dermatologist in Johannesburg, but he was away on holiday. Costa particularly sent his good wishes to his many friends in U.K. which he left in 1953.

Yours faithfully,

Piper's Hill,
Marwell,
Westerham, Kent.

RALPH JACKSON.

Guy's Nurses and Their Money

SIR,—I read with interest your article in the October edition of the *Gazette* concerning the approaches made to nursing staff to sell life assurance.

Choosing life assurance (or any other form of insurance) involves placing heavy reliance on your professional adviser's impartiality and expertise. National Westminster Bank has recognised this and formed a separate insurance broking Company which can provide our customers with expert advice, free of charge, and without obligation. After a short discussion with one of our Branch Managers to ascertain your requirements, our subsidiary can choose the best policy for your needs from the entire insurance market.

It is important to remember that cheap insurance is not necessarily good insurance and I strongly urge that your readers call on me, or any of our Branches, to discuss their requirements.

Yours faithfully,

National Westminster Bank,
Southwark Branch.

A. G. PYNE.

Soccer and the 250th

SIR,—Although everyone welcomed the inclusion of a sports review in the recent commemorative edition of our *Gazette* it was disappointing and humiliating for every player and ex-player of Guy's soccer to see no record of the exploits of our footballing sides while other teams who play at much lower levels and less frequently than either football team were described with what tragically seems like personally biased eloquence by the author of that sports review.

Accordingly, may I be permitted to present a brief summary of our recent advances to interested readers?

Last season the U.H. League was disbanded because of dwindling interest from certain hospitals but the Cup competition remains in being and our 2nd XI reached the final of their competition, this to be played some time this season. Both teams moved into the U.L.U. League which is populated by many skilful teams from large colleges and both our teams immediately won promotion, the 1st XI to the Premier Division after winning every league match in the first half of their season.

This season a freshers' trial was extremely popular and several of our youngest colleagues found places in our teams, while a third XI which was formed last season is continuing in existence.

Yours faithfully,

c/o East Wing,
Guy's Hospital, SE1 9RT.

D. KIPLING
(*Vice-Capt. Guy's Soccer*).

SPORT

RUGBY

1st XV Match Reports

30th October. Purley Way. Guy's 3 vs. Purley 14

Guy's unfortunately took the field at Purley with 13 men, but despite this disadvantage dominated the early play. The diminished (numerically) pack provided excellent loose possession with which the backs probed the Purley mid-field defence. However, as has happened so often with Guy's this year, despite generating several scoring situations, none except a dropped goal were taken. This pattern of early pressure by Guy's but a failure to score is in my opinion due to a lack of concentration and confidence and not due to any absence of talent behind the scrum.

In the second half Purley came back strongly, scoring an early soft try from a seemingly innocuous situation. Their victory was based on two simple principles, one which Guy's must concentrate on, namely good scrummaging and good support play particularly linking by their forwards. The Guy's poor scrummaging was perhaps the single most disappointing facet of the game because in previous weeks we had been doing very well in the tight. Again, however, I feel that it was a case of mental attitude rather than technical ability that let us down.

Team: M. Danford, C. McLauchlan, M. Broughton, P. Emery, G. Francis, L. Hughes, R. Laws, Lyons, T. Gibson, G. Parry, J. Gray, S. Challacombe, B. Hagan, P. Loxton, J. Brazier.

L. Hughes.

8th November. Away. Guy's 4 vs. Ipswich 15

On a day when conditions were atrocious and the ball extremely difficult to handle, it was clear that progress was best made through the forwards. However, the Guy's pack took some time to shake off the effects of the coach journey and much of the early pressure in the game came from Ipswich and their larger pack. This pressure was converted into points after 20 minutes or so when the Ipswich lock forward scored, having taken the ball from a line-out peel. Guy's fought their way back into the game and began to win a fair share of the ball at the line-outs and rucks. The tight ball, however, was only being won under pressure and was being channelled back to scrum-half Laws too slowly to enable him to get the line moving.

Following a penalty for Ipswich awarded for an unidentified offence at a maul, Guy's played their best Rugby of the game with some good running by Hughes and this eventually resulted in an unconverted try by Francis in the corner just before half time. Curious refereeing decisions left some Guy's players unable to restrain their natural talent for humour, and resulted in a series of penalties, but the wisdom of this official was also questioned by the opposition. This upset the rhythm of the game and Guy's found themselves with insufficient commitment to overcome two second-half tries by Ipswich.

For Guy's, Emery in the centre brought off a series of fine tackles particularly after full-back Danford was injured in the second half, and Laws showed again that his kicking in defence is now a feature of his game, and much improved from last season. The Guy's pack were not at their best in this game. In a physical contact sport such as Rugby, a pack which is usually smaller than opposition packs must make up for this with more aggression, and particularly by playing as a unit. This was evident only in short bursts in this game. More important perhaps is the use of the ball, and with the natural talent throughout the current side for running with the ball, perhaps more emphasis should be placed on this aspect during the game itself. The game also marked the return of Keevil to the pack in place of the ill Gray,

and was reputed to be the 200th 1st XV game by the other lock forward. The event was duly celebrated in usual fashion in the Ipswich clubhouse and elsewhere.

Team: M. Danford, G. Francis, P. Emery, M. Broughton, A. Portelly, L. Hughes, R. Laws, G. Parry, T. Gibson, I. Neill, S. Challacombe, B. Keevil, P. Loxton, B. Hagan, J. Brazier.

S. J. Challacombe.

13th November. H.O.P. Guy's 9 vs. Osterley 8

The result of the game, Guy's scoring three penalty kicks to the visitors' two tries, is a good reflection of the run of play.

Guy's opened the scoring with a 30-yard penalty following an infringement at a scrum. Throughout the first half Guy's threatened to produce several scores and should have crossed in the right hand corner when Loxton helped by Hughes gave Hagan a clear 20-yard run in. However, the former captain was caught a few yards from the line and was unable to give an accurate pass to supporting players.

Osterley scored a well converted try two minutes before half time, their inside centre bursting on to a short pass after a half-break by the fly-half.

In the second half Guy's defence held out and although Osterley scored another try this only brought them to the final score, Guy's having kicked a simple penalty after 15 minutes of the half.

This was not a good performance by Guy's but makes a pleasant change for us to play badly and yet win.

Team: M. Broughton, T. Portelly, P. Emery, R. Bailey, G. Francis, L. Hughes, R. Laws, Lyons, T. Gibson, I. Neill, J. Gray, S. Challacombe, P. Loxton, J. Brazier, B. Hagan.

L. Hughes.

Gutteridge Cup

This competition, which Guy's have entered for the first time, is a knock-out competition for all colleges within the University of London. Although not all the Hospitals enter, it is a useful experience of Guy's Rugby for those players who have not sampled the particular brand of rugby to be played next term in the "proper" Cup.

In the first round we were drawn against Wye College which is the agricultural college of U.L. We travelled to Ashford with nearly our full Saturday side but as post-graduates are not eligible certain senior members of the side were missing.

Outclassing our opponents, we ran out easy winners 60—3 but despite this obvious superiority it was surprising to see Wye winning some useful loose ball. This was mainly due to their somewhat liberal interpretation of the off-side law but also to their obvious delight in mauling. The game was unfortunately spoiled by the premature dismissal of G. Parry and a member of the opposition. Unfortunately, at the time of writing the disciplinary tribunal has not met and so any comment on the decision must be withheld. However, we were winning 54—3 at the time and this alone indicates who the likely aggressor was.

In the next round we meet Imperial College and if successful probably meet the London Hospital in the semi-finals.

L. Hughes.

Rugby Club — Fixtures for December

December 4th :

1st XV	vs. Havant	H.O.P.	2.45 p.m.
4th XV (Angels)	vs. Streatham B	Away	
5th XV (Extra Beers)	vs. Streathm Colts	Away	

December 11th

1st XV	vs. Sutton	H.O.P.	2.30 pm..
2nd XV	vs. Streatham and Croydon	Away	
3rd XV (Artists)	vs. Streatham Colts	H.O.P.	
4th XV (Angels)	vs. Old Haberdashers	Away	

December 18th

1st XV	vs. Esher	Hersham	2.30 p.m.

SOCCER

1st XI Match Reports

20th October. Away. Guy's 0 vs. Queen Mary's College 4

Guy's were given a lesson in organised football today by a talented attacking team. Transported out to darkest Essex, we took the field in two-thirds of our glorious new strip and this probably contributed to our failure to identify and play with each other.

In the first half both teams tested out one another and Guy's gave away a goal when a long ball down the middle exposed our hesitancy in clearing from defence, allowing opposition forwards to plunder our goal. Steve Evans then retired from competition after savage attention from his opposing full-back, emphasising our lack of a substitute. The result was then a constant pressure on the defence by the best attack we have yet faced, with predictable results. Still, the strip looks nice.

Team: R. Davis, D. Rees, A. Mitchell, G. Tanlyn, D. Kipling, K. Collett, I. Wilson, S. Evans, T. Underwood, M. Breeze, P. Shepphard.

23rd October. Away. Guy's 3 vs. Royal School of Mines 2 (U.L. Cup)

A complete new strip this time and it seemed to work! R.S.M. play next-door to Heathrow Airport so the noise from this game was drowned by the roar of jet engines.

Guy's played the first half facing driving rain and wind, giving away an early goal while our defence stood around in frozen attitudes, but from then onwards the game went in Guy's favour. Many chances, however, were squandered and frustration spread throughout the team as full time approached, but with only minutes remaining Keith Collett dribbled through the opposition and crashed through a despairing tackle to bring relief to his team with a well deserved equaliser.

In the first minute of extra time a slick passing move between our forwards was completed by Paul Shepphard's scoring shot, delivered with his usual deadly accuracy but the defence sadly yielded an equaliser in the vigorous counter attack.

With the opposition visibly tiring, however, Guy's mounted a last attack and won a penalty with which Keith Collett won the match using his inimitable wood-affinity shot.

Team: R. Davis, D. Rees, A. Mitchell, G. Tanlyn, D. Kipling, I. Wilson, K. Collett, S. Perkins, M. Breeze, P. Shepphard, T. Underwood.

27th October. H.O.P. Guy's 2 vs. University College 8

Full time score 2—2. This game went to penalties and we missed our six. (Believe that if you will.)

30th October. H.O.P. Guy's 2 vs. Middlesex Hospital 3

Guy's were extremely disappointed at losing this game which has become a traditional "needle" fixture, but again our hesitant defence must take the blame because our forwards repeatedly humiliated their opponents, giving us

a 1—0 and 2—1 lead in a game which was essentially one-sided in our favour. Feeble marking and tackling, however, allowed their lone striker to score thrice and steal valuable league points from us.

Team: R. Davis, D. Rees, A. Mitchell, G. Tanlyn, D. Kipling, I. Wilson, K. Collett, S. Perkins, M. Breeze, P. Shepphard, T. Underwood.

3rd November. Away. Guy's 3 vs. Royal Holloway College 5

In every football season there occurs a match which leaves one with an unpleasant taste in one's mouth and this was ours. Guy's took the field as underdogs against this supposed crack team and proceeded to humiliate them with penetrating attacking moves and tight defence, taking the lead 1—0 then 2—1 thanks to Keith Collett and Ian Wilson, but at this point the opposition commenced a series of crude, dangerous tackles which the referee, an inexperienced student from the home team, refused to recognise. Despite this, Trevor Underwood scored a delightful chipped goal but with people getting hurt the match degenerated beyond control. Greg Tanlyn and Dave Kipling reaped physical revenge but Guy's were unsettled such that the opposition were allowed to equalise and then take the lead by barging our keeper into the net. The fifth was scored after all accepted football rules had been forgotten.

The scientists in our side have noticed a feature common to every team which has beaten us this season. They do not drink beer after the match. Could this be significant?

Team: R. Davis, D. Rees, A. Mitchell, G. Tanlyn, D. Kipling, I. Wilson, K. Collett, S. Perkins, P. Byrtles, P. Shepphard, T. Underwood.

6th November. H.O.P. Guy's 4 vs. Goldsmiths' College 3

Guy's finally beat this team which has repeatedly trounced us in recent seasons.

In the accepted fashion Guy's gave away an early goal which seemed to settle everyone's nerves and the game became an open end-to-end battle with Guy's squandering some good chances on the left flank and Roger Davis making several excellent saves in goal. In the second half Mike Breeze equalised with a dramatic soaring shot from his left boot from a position near the right touchline and then inspired us by grabbing an opportunist second goal. Straight from the kick off, however, Goldsmiths' launched a counter attack which culminated in a traditional equaliser but Guy's morale remained high and soon Trevor Underwood gave us a deserved lead with a perfectly flighted back-header. Towards full time Dave Kipling won the ball strongly in defence and passed upfield to Pete Byrtles who produced a defence splitting pass to Trevor Underwood who drew the keeper from his goal before sliding home his second goal.

Team: R. Davis, D. Rees, R. Trembath, G. Tamlyn, D. Kipling, I. Wilson, K. Collett, S. Perkins, M. Breeze, T. Underwood, P. Byrtles.

10th November. Away. Guy's 1 vs. Charing Cross Hospital 0 (U.H. Cup)

Our games with this side have been closely contested in recent years and this match was no exception, the difference between the two teams lying in the determined attitude of the Guy's men.

Guy's took an amazing lead after only 3 minutes when our unyielding pressure culminated in Ian Wilson thundering home what turned out to be the winning goal through a crowd of players in the box. Thus, fired with enthusiasm, he proceeded to run around fighting with many opponents.

Guy's continued to mount attacks and were repeatedly frustrated but this did nothing to blunt our determination and although all our defenders were brave and competent the game was won by the comprehensive efforts of our midfield trio of Collett, Wilson and Perkins, the latter sacrificing his masculinity to block an opponent's pass. We all extend our sympathies to his girl friend.

Team: R. Davis, D. Rees, R. Trembath, G. Tamlyn, D. Kipling, I. Wilson, K. Collett, S. Perkins, P. Byrtles, P. Shepphard, T. Underwood, M. Breeze.

D. Kipling.

HOCKEY

1st XI Match Reports

23rd October. H.O.P. Guy's 1st XI 3 vs. Deal 1

The Guy's team entered the match determined to take two points, having had to wait for Deal's late arrival. The start was further delayed as the Deal team grappled with the experimental rules, but Guy's quickly swept forward onto the attack. The forwards worked well together with Rick Plowman a constant thorn in the Deal defence, being ably supported by the thrusting runs of Duncan Jones and David Keable-Elliot on the wings.

A score came as Jonathan Vafidis conjured a goal from a difficult cross on the right. This was soon followed by a Vafidis goal from a short corner; yet another of Guy's slick set-piece moves.

With Chris Hendy looking mean in the middle of the field, Guy's maintained the pressure well into the second half when Jonathan Vafidis completed his hat-trick. The other forwards had declined several chances in the meantime.

Unfortunately Guy's now seemed content to rest on their laurels, and Deal counter-attacked giving our defence, and Alastair Jacks, some tricky moments. The inevitable goal came and this produced more effort from the Guy's men who held out comfortably.

Thanks to Colin Hunter-Craig for his handling of this match.

Team: A. Jacks S. Cunnington, M. Harris, S. Gulamali, C. Hendy, P. Saunders, D. Jones, J. Horton, R. Plowman, J. Vafidis, D. Keable-Elliot.

J. J. Horton.

30th October. Away. Guy's 3 vs. Wellcome 3

It was obvious from the outset that the men from Wellcome were not about to be an easy push-over. Not content with cleverly concealing their pitch between a Chinese laundry and Dartford Woolworths and forcing J. J. Horton's band of whizzo stickmen to find white shirts, they turned up with a full side and two substitutes. At first this terrible afront failed to register with the boys from S.E.1 and after some fine open hockey and two nice goals from David Keable-Elliot, Guy's were well in the lead. However, unaccountably at this stage, all the team's pretentions of being hockey players disappeared and in the attempt to emulate their more aggressive and physical opponents, its cohesion and conviction faded. Despite some very acrobatic work by Alistair Jacks in goal and impressive last ditch defence by Carl Gwinnitt and Garth Saward, a short corner was ferociously lifted home to bring the half time score to 2—1.

The second half began as the first had ended and although individually the team played rather well, the attitude of playing was alien and the whole side became disorganised. There was a moment of relief when Keable-Elliot completed his hat trick with a lucky but nonetheless wholly commendable goal. Otherwise the mood was of frantic chaos while Wellcome called the tune and inevitably the scores were soon levelled. After this Guy's began to regroup and although they failed to regain the lead they played with much more thought and effectiveness. Alas, it was too late. On the disciplinary stakes Guy's trailed with one caution against two warnings and a sending off, which shows as amateurs in the art of physical hockey they have a long way to go. Let's hope for the sake of their results as well as the undoubted talent in the side that they decide it is not worth trying again to improve that aspect of their game!

Team: A. Jacks, C. Gwynnitt, G. Saward, C. Hendy, P. Saunders, D. Jones, J. J. Horton, R. Plowman, J. Vafidis, D. Keable-Elliot.

J. Vafidis.

6th November. Away. Guy's 1st XI 2 vs. B.I.C.C. 4

This was a game which Guy's should have won. Guy's started well against an enthusiastic but agricultural B.I.C.C. side and soon had the ball twice in the back of the net. Both goals were disallowed, one because of the over enthusiasm of Pete Rowley and Rick Plowman who tackled each other, rather than put the ball in the empty net.

B.I.C.C. were a difficult side to play against and Guy's went two goals down despite valiant efforts by Mark Harris, our stand-in goalkeeper. In reply Jeremy Horton and Pete Rowley ignored chances at the other end. The Guy's defence at this time was going through a shaky period, and not enough effort was being put in by the whole team.

Firm encouragement was given at half time and the defence tightened up with S. Cunnington setting an example. Chris Hendy added penetration and cover to the forwards, and Rick Plowman and Jeremy Horton had shots saved.

Against the run of play B.I.C.C. scored a disputed goal and while Guy's were still feeling wronged, they added a fourth. This brought out the best in Guy's and put the B.I.C.C. under sustained pressure, with one of the best periods of attacking hockey seen this season. David Keable-Elliot had a shot saved on the line before slotting one home, and Rick Plowman added a second. Duncan Jones hammered a shot just wide of the post and Jeremy Horton had one well saved by the goalkeeper. Further chances fell to Guy's, but were not taken and this was why Guy's lost the match.

The team retired to the bar where David "I've got to be in Australia by 6 o'clock" Keable-Elliot stayed to buy his jug.

Thanks to C. J. Hunter-Craig for umpiring this match in such difficult conditions.

Team: M. Harris, P. Saunders, D. Jones, S. Cunnington, C. Hendy, J. J. Horton, M. Craigen, S. Gulamali, R. Plowman, P. Rowley, D. Keable-Elliot.

J. J. Horton.

Guy's 5 vs. S.O.A.S. 1

The first round of this year's London University Cup proved somewhat of an ordeal, for after finding the pitch, well disguised in a lush meadow at Victoria Park, we were asked to pay for the use of the dressing room! However, our problems eventually were sorted, goal-posts appeared and a slightly weakened Guy's side soon moved into the lead through Rick Plowman.

Overcoming the very uneven ground and long grass, Simon Filose and David Keable-Elliot took the score to 3—0 at the turn-round, the former a fine reverse stick shot from a narrow angle. Tempers frayed during the second half and Guy's were awarded two penalty flicks, Chris Hendy inserting the second. Increased pressure from the S.O.A.S. forwards brought about a return goal but in general the defence was well in control. Plowman converted his second goal to complete the scoring and Guy's move into the second round to face last year's Cup winners, Queen Mary College.

Our thanks to Martin Vallis for using the whistle when necessary.

Team: A. Jacks, C. Gwinnitt, M. Harris, S. Gulamali, C. Hendy, G. Saward, D. Jones, J. Horton, R. Plowman, D. Keable-Elliot, S. Filose.

A. Jacks.

SWIMMING CLUB

The U.H. Polo League opened with a match against Mary's; we were ill-prepared, lacking in fitness and did not play to our full potential, going down 1—8. The game with Charing Cross should have been won, but in a disastrous third quarter confusion and poor marking conceded four quick goals—result 2—5.

Guy's first victory was against Bart's, 8—4, in which every player scored. Weak finishing deprived us of many more goals, but we played as a team for the first time. The London were beaten 5—1 in our best performance thus far, reflecting greater fitness, confidence, and ball skills, but again finishing was weak. Kahn had a particularly good game and Robinson played his first match. This was the London's first defeat, but they fielded a weakened team, perhaps saving themselves for the U.L. Knock-out Tournament.

Team: M. Miller, D. Rickard, J. Beard, C. de Sousa, S. Kahn, J. Taylor, P. Robinson.

The second team in their only match trounced London 3rd's 5—0. Robinson scored 4 times despite being sent out. Their swimming and ball control were much too strong for the London, but better team work would have yielded more goals. It is surprising that only four new men have taken up water polo this term. Club nights are Monday and Wednesday—6.00 p.m. The seconds have another four matches this term.

Team: P. Robinson, N. Masters, A. White, R. Horne, G. Wilcox, S. Harris.

The ladies have been swimming regularly this term, catering for a range of swimming abilities, but aiming for the U.L. Gala on 29th November. The club has been strengthened by physiotherapists, radiographers and nurses this term. The Ladies' Captain is Chris Smith.

J. Taylor.

SAILING CLUB

Harvey-Wright Gold Bowl

On the 16th October eight Hospital teams came together for the Harvey-Wright Gold Bowl. We were sailing Enterprises. The morning started off rather chilly but a light breeze soon sprang up. It was a knock-out competition and in the first round we were drawn against the London Hospital.

After a tussle on the first leg the combined efforts of our first two boats pushed the first London boat into third position. Meanwhile their boats had forced the last one of ours into sixth position. He, however, not to be outdone, had hit a boat twice just to make his point(s). In the second race, our team decided to take a downward position in order to give the London a sporting chance. This they were quick to take advantage of, so evening the total score. In the last race we assumed the normal tactics of allowing one of our boats to fall back and harass their stragglers, this causing sufficient distraction to allow our other boats to get first and second positions. We thus defeated the London.

We were next drawn against the Westminster. At this point the leaders, one of our teams, tired with rounding the course buoys and seeing an attractive buoy to the lea decided to practice rounding it. Unfortunately the opposition withstood the buoyant mood of the leader of(f) course and showing less enterprise (i.e. being lower in the water) managed to slip past on the weather bow. Having taken an extra buoy in our stride the opposition neglected to take one and were forced to retire. Thus having set out with the object of giving no quarter to the opposition we lost to the Westminster by just that margin.

A. Houghton.

BOAT CLUB

United Hospitals Regatta

In one respect, this event was a rather disappointing one, in that only three out of the seven crews entered managed to turn up at the boathouse. Nevertheless, those crews which did turn up, came away with the thought that the effort made was very much worth while.

The first race of the day was the first heat of the Novice IV event. Guy's were drawn against the London Hospital. We took the lead at the start and finished a good five lengths ahead of the opposition. The final of the Novice IV's was held just after lunch, Guy's facing a formidable opposition in the form of an experienced Westminster crew. The latter got off to a very good start, but Guy's came back to win by a canvas only!

Dave Wright was similarly successful in the open scull event, and in the double sculls, with Paul Stuart-Bennet.

In the novice sculls, Jo Friend was drawn against tough opposition from St. Mary's. After getting off to a bad start, Jo recovered considerably and conceded a mere three lengths at the finishing line.

The Novice IV crew consisted of: Bow, Richard Gilbert; 2, Neil Matthews; 3, Bob Davies; Stroke, Andrew Renant; Cox, Graeme Bunker.

A. J. Renant.

MEN'S SQUASH

1st Team Report

So far this year the 1st V has progressed from a potentially weak team to one which is winning all its matches. This state of affairs as usual is due to the lack of practice at the beginning of the season. We look forward to winning most of the remaining matches of the season.

The team is selected from: J. Farquharson, C. Holden, M. Glover, D. Webber, N. Wood.

Men's League

Second Team Report

Results for 2nd team :

Played—6, Won—2, Drawn—2, Lost—2, Games For—10, Games Against—14

With what look like disappointing results the second team have had some exciting and close matches. Among the six teams we have played, I.C.R.F. proved to be our greatest success. Against St. Mary's and Middlesex we met opposition made of better Squash. Now that we are 4-5 weeks into the season the teams are beginning to work themselves out. Among the Freshers there have been many enthusiastic players and we have also called upon many of the more experienced players.

Teams were selected from: Dr. D. Nutt, D. Martin, M. Yappé, A. Morgan, J. W. A. Moore, N. Higgins, Victor Tun, S. Moore.

League 3

The third team had three easy wins at the beginning of the season against UC 2 (3—1) and the usually strong IC 3 and IC 4 teams (both 4—0). The slower courts at Q.E.C. proved to be a problem and we lost 1—3 and against S.I.B.S. 2 we lost 0—4 but with individual games going to five.

Team from: G. Clark, S. Des Clayes, L. Kaba, D. Macpherson, S. Moore, A. Morgan, J. Pringle, V. Tun.

Cumberland Cup

So far Guy's have had fairly poor results in the Cumberland Cup. Having played six of our seven matches this half, we have only won two, beating Blackheath 5—0 and National Westminster Bank 3—2. Of the four matches Guy's have lost two have been within our grasp, when we lost 3—2 against Finchley Manor and Herga Squash Clubs. The other two matches were well won by our opponents, South Kensington winning 4—1 and Old Alleynians winning 5—0.

However, it's fair to say Guy's always start off a season and pull back in the second half. Let's make it true this time!

Team from: K. Clemens, P. Collins, C. Holden, A. Kingon, J. Lewis, J. Penn, N. Wood.

Gonads

It is from all the teams that we select the Gonads team of 5 people. It is in these matches that we play many clubs that have been traditionally fixtures for many, many seasons. They are played more for their sporting and entertaining value than the very aggressive, competitive play of the league. The results are immaterial and we in fact try to arrange beforehand for a 3—2 or 2—3 result, trying to carefully balance the individual matches. I hope that everyone has enjoyed themselves and that we continue to get the support we have been getting.

J.W.A.M.

LADIES' SQUASH

As a few people know, there's a thriving Ladies' Squash Club at Guy's. It has a variety of talent amongst its members ranging from those who have had much match experience to those who have never player before. A new feature this season is the Ladies' Squash Ladder which we hope will encourage competitive play.

The ladies have a practice night every Tuesday from 5.00 - 6.30 and any lady interested in playing is very welcome at this time.

The enthusiasm this season has been reflected in the team's performance; so far we have played and won three matches; and we aim to play at least one match a week during the rest of the season.

Results :

Guy's 3 vs. Q.E.C. 2	Won 3—2
Guy's 4 vs. Royal Free 1	Won 4—1
Guy's 3 vs. K.C.H. 2	Won 3—2

Team from: J Hayward, A. Holden, J. Simmonds, J. Westbury. P. Weston, K. Worrell.

PAPERS BY GUY'S MEN

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HOSPITAL INFORMATION

ALFRED RYCROFT SCHOLARSHIP

Dental students in their final year are invited to apply for an award from the Alfred Rycroft Scholarship Fund to enable them to spend one month during the summer of 1977 at a Dental School overseas such as the State University of New York at Buffalo.

The value of the scholarship is likely to meet the cost of travel, board and lodging. It should be noted that successful applicants may be required to act as hosts to exchange students from abroad.

Application forms may be obtained from the Dean's office and should be submitted by 15th December, 1976.

The Sub-Dean of Dental Studies will be pleased to discuss the matter further with any student who is interested and an appointment can be made to see him by ringing ext. 3352.

PERSONAL

BIRTHS

AVERILL—To Christine (née Green) and Stuart Averill, on 1st November, 1976, a son, Timothy James, a brother to Sally and Victoria.

BELLAMY—To Glynis (née Hodges) and David Bellamy, on 24th October, 1976, a daughter, Laura Jane.

MURGATROYD—To Morna (née Van Essen) and Tony Murgatroyd, on 22nd October, 1976, at the Wythenshawe Hospital, Manchester, a daughter, Catherine Morna.

MARRIAGE

WILLIAMSON—LILWALL. The marriage took place on 19th June, 1976, in Guy's Hospital Chapel between John Bernard, eldest son of Mr. and Mrs. P. B. Williamson of Wimbledon, and Prudence Mary, daughter of Br. B. G. A. Lilwall, D.S.O., M.S., F.R.C.S., and Mrs. Lilwall of Sandwich, Kent.

DEATHS

LEWIS—At his home, Bod-Feddyg, 31 Moriah Road, Treboeth, Swansea, on 25th July, 1976, Dr. Howel Lewis, aged 81 years.

MATSON—Dr. Robert Charles Matson died 7th June, 1976, aged 85 years. Qualified at Guy's in 1912.

CHANGES OF ADDRESS

Dr. and Mrs. J. F. Hallpike, Department of Neurology, Royal Adelaide Hospital, North Terrace, Adelaide, S.A. 5000.

Mr. and Mrs. B. C. A. Lilwall, Moat Dene, The Ropewalk, Sandwich, Kent.

Dr. and Mrs. J. B. Williamson, Basingstoke District Hospital, Park Prewett, Basingstoke, Hampshire, RG24 9NA.

PERSONAL

A TRAINEE is required for one year commencing Spring 1977 for a four partner group practising from a modern group surgery. Attached Health Visitor and District Nurses. Open access to Pathology and Radiology. Training is planned with half-day release to attend vocational scheme held at the Postgraduate Medical Centre, Cheltenham. Married accommodation not available, but help given with single accommodation. Possibility of hospital appointments for three-year vocational training scheme at the completion of traineeship. Trainer is a Guy's graduate. Further details available from: Dr. J Adams, Weston House, 17 Pittville Lawn, Cheltenham. Telephone 21582.

Application forms available from: Mr. K. Jones, District Personnel Officer, Cheltenham Health District, Cheltenham General Hospital, Sandford Road, Cheltenham. Tel. 21344, Ext. 202.

BLACKHEATH—Spacious Victorian House on four floors, 4 bedrooms, 2 reception large kitchen/diner, bathroom, sep. W.C. With self-contained garden flat. 110 ft. garden. Freehold £33,000 o.n.o. Telephone 01-856 6793 after 6.00 p.m.

DENTAL ASSOCIATE is required by Guy's man—modern low-seated surgery, 10 minutes from Guy's. Enquiries—telephone 01-237 2085.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before the publication date. Publication dates for the next three month are: 18th December, 1976, 29th January and 26th February, 1977.

Copy may be sent to us at 16, St. Thomas' Street, S.E.1.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (pre-paid, minimum £2.00).

Non-subscribers are charged £2.00 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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MONTHLY 18 DECEMBER 1976 VOLUME 90 NUMBER 2265

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

When I was a child (or perhaps more of a child, or less of a child but physically smaller) I had a conception of numbers and time.

It was as if I stood at the bottom of a hill. Number one was large and bold and the succeeding numbers stretched before me becoming smaller, fainter, more distant and higher as they ascended to 100. If I cared to consider numbers higher than 100 it was as if I had taken up another position higher and more distant than before and could look back on numbers numerically smaller but physically lower than before and look forward to numbers becoming numerically larger but physically smaller than before. I still, in spite of science, think of numbers in this way but, as I age, my concept of numbers and time becomes painfully true. Christmas comes but once a year, but as I grow and age and shift my view-point, Christmas seems to come more often.

This Christmas Good King Wenceslas will once again look out, Frank Sinatra and Dean Martin will prop each other up and have themselves a Merry Little Christmas, Bing Crosby will probably dream of a White Christmas. Bob Hope is 72.

We have come a long way from Nazareth, we have grown, matured, become more emotional, more mechanical, more mercenary and less feeling about this annual Christian celebration which has become a public holiday *par excellence.*

It did occur to me that I should give as much away to charity as I spent on Christmas presents, it might have soothed my conscience, but I decided I could not as yet afford it. It never occurred to me than I should halve my expenditure on Christmas presents.

Magnus Bore feels 98 and there are still five shopping days to Conjoint Obs and Gobs.

NEWS IN BRIEF

Christmas Celebrations

The Midnight Eucharist of the Nativity with Carols and the Blessing of the Crib will take place in the Chapel at 11.30 p.m. on Friday, 24th December, 1976.

On Christmas Day in the Chapel there will be Holy Communion at 8.30 a.m., and a Morning Service at 10.30 a.m.

Systematic Course, Clinical Instruction

The Lectures of the Systematic Course of Clinical Instruction are being moved to a new time of 4.45 p.m. for a trial period, beginning with the first lecture of 1977. The lectures will continue to be on Mondays, Tuesdays and Fridays. It is hoped that the new time will be more convenient to the majority of students.

Rugby Club Dinner & Past v. Present Match

The Annual Reunion Dinner and Dance of the Guy's Hospital Rugby Club will be held in the E. Wing at 8.00 p.m. on Saturday, 15th January. The evening will cost £3.00 per head. Applications to Dr. S. J. Challacombe, Dept. Oral Immunology, Guy's. The Past v. Present game will be held at 2.30 p.m. on Sunday, 16th January at H.O.P.

The Students' Bar

The friends of Magnus Bore (and he does have friends) are becoming increasingly disturbed by the activities of the bar staff. The bar is (as one might say) being flown at half-mast.

Not so long ago, at great expense, the actual length of the bar was increased so that more able-bodied personages could prop it up, and incidentally, more people would be able to buy drinks. However, this hard-earned facility is not being used to its full extent. At an inflam, when the full extent of the bar should be useful, it is half used because it makes it easier to serve the die-hards who are prepared to trample on their fellow men in order to get a drink.

It seems rather silly to pay for an extension to the bar if it is not to be used. We would be grateful to anyone who could explain to us why this is? Perhaps we could sell half the bar and buy some glasses.

Day Wards at St. Olave's

The two Day Wards of the recently up-graded Psychiatric Unit of St. Olave's are being renamed Abbey (Day Ward I) and Chaucer (Day Ward II) Wards. The former is primarily for short-stay patients, the latter for the more chronically ill with emphasis on rehabilitation. Both wards provide facilities for occupational therapy for various groups of the hospital's in-patients.

Mr. B. W. Beeching

Congratulations to Mr. B. W. Beeching, Clinical Assistant in Dental Radiology, on his recent award of an M.Sc. degree of the University of London. This is the first time a Master's Degree has been available in Dental Radiology.

The Hannabelle Playground

At lunch-time on Tuesday, 7th December, Mr. Harold Baim, Chief Barker of the Variety Club, officially opened the "Hannabelle Playground" at the rear of the Tower Block.

The playground was originally the idea of Dr. Cyril Chantler who passed on his enthusiasm to Mrs. Lydia Franks of the "League of Friends". Mrs. Franks, who has been a dynamic and energetic member of the League of Friends for many years, managed, through the generosity of the Variety Club of Great Britain, to turn the idea into a reality. In recognition of Mrs. Franks' ceaseless efforts the playground is named the "Hannabelle Playground" which is a contraction of the names of her two grandchildren.

The playground contains a paddling pool, sandpit, some tunnels and a mock-up of a ship which appropriately overlooks the paddling pool. There is also access to a fair-sized area of grassland on which ball-games can be played. All children at Guy's will be able to use the facilities under the supervision of nurses and teachers. Miss Crump, the Senior Nursing Officer to the Paediatric Unit at Guy's, considers that the children will have great fun in the playground and that its use will considerably "sweeten the pill" of a long hospital stay.

At a lunchtime reception in the Robens Suite for various members of the Variety Club (including David Jacobs who is a relative of Mrs. Franks), the League of Friends and the Special Trustees of Guy's Hospital, Mr. Aubrey Orchard Lisle thanked the Variety Club for their generous support for this project, typical of their far-ranging charitable activities on behalf of sick and underprivileged children the world over. He also applauded the work of Mrs. Franks, "a person to whom nobody can say no". Mr. Baim responded and said that he had been empowered by his collegues to donate a further £1,500 to the Paediatric Unit to be spent in whatever way was best.

Dr. Michael Joseph thanked the Variety Club for this additional donation which can certainly be put to good use in improving the existing facilities for children within the Hospital.

We should like to take this opportunity of thanking both the League of Friends and the Variety Club for their work and generosity in providing this playground and also to echo Mr. Harold Baim's sentiments as he opened the playground.

"I am unsure what to say on occasions such as this and can only compare it to the launching of a ship. So God bless this playground and all who play in her."

CLUBS' UNION NEWS

N.U.S. Travel

As many of you will know, a couple of weeks back one of the N.U.S. organisations collapsed, that is, N.U.S. Travel. At the same time, the printing organisation went into liquidation. However, the other services that the N.U.S. provide, i.e. Endsleigh Insurance and the discount facilities, remain intact, because, in the first case, the company was making a profit, and in the second, it was under direct N.U.S. control. N.U.S.T., however, was in the same boat as Endsleigh, being an independent company, which had to make a profit in order to survive. As it was not making sufficient profit to offset previous losses, and the creditors foreclosed, the company had to go into liquidation.

How, then, does this affect you? The answer really is, not very much. Student Rail Cards are not an N.U.S. monopoly, but are a concession granted by British Rail to students. Thus, they are still available, and those that have already been issued (by N.U.S.T., as an issuing office) are still valid until September next year. In order to get hold of a Rail Card, you should apply by post to:

The Chief Passenger Manager,
British Rail (Southern),
Room 321, H.Q. Offices,
Waterloo Station, SE1 8SE.

Application forms are available from the Union office, or from the above address.

The other services that N.U.S.T. offered as a travel agent, because they were underwritten by A.B.T.A., will be safe. Any holidays that were booked through them will either be provided by other travel organisations, or will be refunded. Information can be obtained at the end of 01-580 2341, as to the state of the game. In time, it is hoped that the various universities will open travel bureaux, directly backed by the N.U.S. In the meantime, the other student travel organisations in London, such as the German Student Travel Service (Terminal House, Grosvenor Gardens, S.W.1, tel.: 01-730 2101). They cannot issue International Student Cards, but they will book intra-European flights if you already have one. There are a number of offices that still issue International Student Cards, and all except the Australian one will book flights within Europe; they will book for Far Eastern flights. The list is as follows :

Irish Student Office, tel.: 01-437 1471.
Italian Student Office, tel.: 01-580 4554.
Australian Union of Students, tel.: 01-387 0445.
Host Student Travel, tel.: 01-580 7133.
Anglo-Austrian Society, tel.: 01-937 9003/9173.

The Australian Union of Students resides in the old N.U.S.T. building, on Euston Road, and Host Student Travel are at 161 Gt. Portland Street.

Good hunting !

The Bar

On Tuesday, 30th November, quite a lot of property was stolen from the cloakroom by the bar. As a result of this, moves are to be made to tighten security. This will mean that only Clubs' Union Members, members of the Medical, Dental and Academic staffs (who are Honorary or Associate members), and their guests will be served. In order that this can be enforced, drinks will only be served on the production of a Clubs' Union Card, or in the case of guests, if they have been signed in by a member in the Visitors' Book at the Bar counter. Attention is drawn to the clause in the constitution of the Clubs' Union that states that a member may only introduce two guests at a time, and the same guest not more than twice in any one month. It is hoped to effect this as soon as possible (possibly before this goes to press). Not only is this change designed to try and tighten up security, but also to safeguard our club licence. The Bar was shut for a week four or five years ago, because drinks were being served to non-members without any question. Associate and Honorary members that don't have a current Clubs' Union Card may apply for one from Mr. Bompas, ext. 3384.

Reliable bar staff are needed to run the bar, especially during the exam period this coming summer. If there is anybody who would like to serve behind the bar (and earn some money), especially over this period, then please get in contact with André Hedger, the Bar Secretary. One group of students who don't have exams during June are the first year clinical medics . . .

Tim Palmer.

Overheard in Outpatients

(at Sigmoidoscopy) "They don't like the cold steel up 'em, Sir."
(to friends) "That should go in the Guinness Book of Rectums."
(in Dermatology Department) "Contrary to public opinion, Henry VIII did not get contact dermatitis from the nickle in his codpiece."

The "Gazette" Committee and the managerial and editorial staff of the Gazette would like to take this opportunity of wishing all our readers a Merry Christmas and a Happy New Year. We would also like to thank you all for your support and hope that you will continue to enjoy the Gazette in years to come.

Our special correspondents, Magnus Bore, Lord Osis, Sir Vical Smear, Ivor Murmur, Maida Bloomer, General Ooze, The Spiney Norman Gang, Ivor Gonococcus, Thomas E. Crapper, Dr. Claude Jonah and Prof. Fyllaxis also send their best wishes for the festive season.

We should also like to thank additional contributors Pete Tillman, Andrew MacDonald and Slicker.

OBITUARIES

J. W. H. GRICE, O.B.E., F.R.C.S.

We were saddened to hear of the recent death of John William Hawksley Grice. He qualified at Guy's Hospital in 1917. During the first world war, while a medical student, he went to France as a dresser in Mr. Hunt's Guy's team. He returned to Guy's Hospital, qualified, did a surgical house job, then joined the R.A.M.C. and went with Sir John Conybeare to Mesopotamia. After the war he remained in the R.A.M.C. specialising in orthopaedics until he went to North China in 1922. He looked after the British community in Tientsin as a General Practitioner and General Surgeon and Gynaecologist at the Victoria Hospital. During the Tientsin floods he organised a large Chinese refugee camp at the British Race Club. During the War he was interned in a Japanese internment camp in Weihsien, Shantung province. He brought surgical instruments and drugs into the camp where a hospital was started. He was awarded the O.B.E. for his work there. After the War he returned to Tientsin. Surgical instruments were hard to come by and he used tools from an Italian marble works for mastoid operations. He remained in Tientsin after the communist occupation, and finally left China in 1952. He was awarded the honorary F.R.C.S. in April 1954 for his work for the British community in China. He went into general practice in Bognor Regis in 1954 and retired in 1973.

He was interested in Chinese antiques and sold his collection of ivory to Mr. Graves who formed a Grice collection in the Graves Art Gallery, Sheffield. He collected jade, pewter, and bamboo carvings, highly prized by the Chinese but little known in the West. A representative part of his bamboo collection is at the Victoria and Albert Museum and an exotic ivory woven bed mat said to have been used by one of the Chinese Emperor's favourite concubines is in the ethnography department of the British Museum. He also had a lifelong interest in ornithology.

MRS. ENID MORGAN

It was with regret that we learned of the recent death of Mrs. Enid M. Morgan (née Matthews) at the age of 92 after a short illness. She will be remembered as Sister Matthews with affection by old Guy's men and nurses. She served the Hospital faithfully for ten years and was always helpful and considerate.

She is survived by her nephew to whom we extend our sympathy.

The Pirates of Penzance

Guy's Hospital Gilbert and Sullivan Society, November 24-26, Greenwood Theatre

The transition by the film industry from what we now call television-screen format to "Cinemascope" must have generated the same sort of problems that were experienced by the G & S Society in this their first production in the Greenwood Theatre. Nevertheless, Ian Page proved to have mastered most of the new facilities in his fresh approach to the production of this evergreen classic.

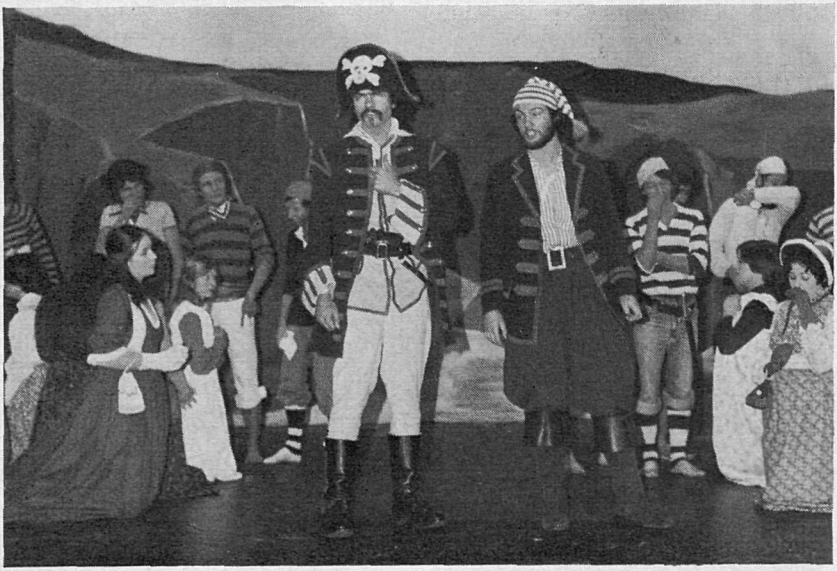
On each evening the "Greenwood" was at least 90% full (does this give the Trustees any ideas for the future?) and the audiences clearly enjoyed themselves as much as the performers.

The mechanics of some of the devices in this up-to-the-minute theatre produced some interesting effects. For example, after the overture the orchestra sank slowly into the pit below stage level, where their harmonious aspirations were unified under the baton of Adam Searle. His control was equally effectual with the soloists and choruses and certainly maintained the high standards of previous productions.

Throughout this production the choruses performed well. The ladies of the Chorus, in the role of daughters of Major-General Stanley, soon captured the hearts of the perfidious pirates, excellently portrayed by the gentlemen of the Chorus. The *corpus delicti* of constables was ably led by Mike Bostock and were the highlight of the evening's junketings. Their entry from the rear of

Clare Allen and Adam Skinner

the auditorium had the audience and cast alike in convulsions and took full advantage of the Greenwood's spaciousness. However, the splendid accoustics of the Theatre and the complexities of the lighting would seem to provide the greatest challenge for future producers and musical directors. The lighting of this production flitted about like an enraged firefly and the effulgent singing of the soloists was sometimes lost in the depths of the imposing sets.



Tim Cranmore & Co.

However, these constraints were ineffectual against the fine tenor voice of Adam Skinner who played the part of Frederic, the Pirate Apprentice, with great sensitivity. Such a voice as his, Sullivan must surely have had in mind when writing this part, which demands (and in this performance received) outstanding control of the whole tenor range. Another outstanding performance in a high plateau of standards came from Sean Tighe as Major-General Stanley. His ever-growing command of the Gilbertian "patter-part" was admirably displayed, both in his feats of memory and precise enunciation. Mabel was enticingly played by Clare Allen, a new face to the Society. She was not only capable of a delightful delivery of her high notes, but from the state of Frederic's hat after a romp (off stage) was clearly capable of reaching those parts which other maidens had failed to reach. His (Frederic's) previous experiences with women had been limited to Ruth, the Piratical Maid of all Work. She was played with creditable sincerity by another newcomer, Gilly Dobson. Although the audiences came to hate her as a character,

they were unstinting with their applause when she took her curtain call. Tim Cranmore as the Pirate King and Eugene Wheelwright as Samuel, his Lieutenant, both attacked their parts with a controlled vigour.

The enthusiasm of this band of singers, instrumentalists and the vital but often unsung back-stage staff was infectious, and this is one disease for which we hope there will never be a cure.

David Brown.

The conductor had perfect control of the singers but virtually none on his wind players, especially trombonists. The overture sounded totally unrehearsed with flippant brass and embarrassed strings. It was enough to stimulate my catecholamine secretion and alert me to expect the worst. My apprehension was soon dissipated and replaced by pure delight. Gilly Dobson (Ruth) is a good actress. Adam Skinner sang with professional skill. His leading lady (Clare Allen) was beautiful in looks and in voice. I was sitting between two children who thought Major General Stanley (Sean Tighe) extremely funny, especially in his red nightie. The cops were hilarious. A few mishaps on the stage secured extra laughs; they could only have been planned by a producer of genius.

Dr. Y. H. Abdulla.

G.H.M.C. Christmas Concert

The Guy's Hospital Music Club gave their annual Christmas concert in Southwark Cathedral on Tuesday, 7th December. The programme comprised Vaughan Williams's English Folk Song Suite, conducted by Nigel Pendry (a first year dental student), and Boccherini's 'Cello Concerto and Haydn's *"Harmoniemesse"*, both conducted by Nicolas Bathurst (second year clinical medic.). The soloist in the Boccherini was Peter Shipton, a contemporary of Mr. Bathurst, and the four solo singers in the Mass were Florence Findlay (ex-Guy's nurse), Julia Field, Adam Skinner (a pre-clinical medical student) and Sean Tighe (second year clinical student).

Our music critic, Dr. Y. H. Abdulla, writes:

"I was critical of the wind players in 'Pirates of Penzance'. They have redeemed themselves in Vaughan Williams's Folk Song Suite. Their magnificent sound pulled the performance to almost professional standard. Peter Shipton's ambitious performance of Boccherini's 'Cello Concerto could have done with rehearsals in the cathedral. Phase interference imposed stringent constraints on string sound and exaggerated what might have been trivial discrepancy between orchestra and soloist.

"The main course, Haydn's Mass in B flat, was a rivetting experience. Once again Nick Bathurst confirmed himself as a promising conductor of choral works. The subtle dynamic shades and the lively but exact tempi linked the music, in my mind, to the choral works of Schutz and Berlioz; full marks. Last but not least, the alto singer was of star quality."

QUODLIBET SOCIETY

Visit to Westminster

On Wednesday, 27th October a party of Guy's students were shown round the Palace of Westminster by the Bermondsey M.P. Mr. Bob Mellish, as a sequel to his visit to Guy's last term.

Few of us had ever been inside the Houses of Parliament, but we all had our own preconceptions of the place. The media symbolise Parliament by Big Ben, which forms the backdrop for countless newsmen and reporters, and whose sonorous bongs have launched a thousand current-affairs programmes. The media suggest that the Houses of Parliament are very grand and imposing, reflecting the power and prestige of the country. However, we felt that the lasting impression was one of surprising smallness—almost to the point of cosiness and intimacy. Only the Great Hall and the policemen were larger than life. The Chambers in particular were smaller than we had imagined and were very conservative and clubby in design—even the Commons which was rebuilt after the Second World War. They seemed heavy with tradition and quietly prestigious.

The Lords is the highest Court of Appeal, and Mr. Mellish recounted from the Bar of the House the story of a convicted South London murderer who made his final appeal here, a short while before the abolition of hanging. One could vividly imagine the bemused convict brought from his prison cell to stand before the bewigged Law Lords in this gorgeous place. He was hanged a few days later.

Mr. Mellish's tour was informative and often wryly amusing; never more so than when he described the eccentric customs and traditions, from the knockings of Black Rod to the devastating cry of, "I spy strangers!" Nevertheless the humour expressed affection for the generally harmless archaisms that gild the serious business of the "Mother of Parliaments".

P.J.R.

Music Club Concert

This recital was held on Tuesday, 16th November, and was given by the violinist Linda Rhodes. She studied at Trinity College and is now a member of the Bournemouth Symphony Orchestra, one of the best British orchestras outside London.

She plunged in at the deep end, technically speaking, with Bach's Chaconne in D minor, twenty minutes of continuous variations over a simple bass tune, with an architecture comparable to a cathedral. Miss Rhodes, after a naturally somewhat tentative start, displayed a wide range of expression and tone colour from intimate filigree-work to the resounding arpeggios that form the climax of one of the sections.

The two Telemann sonatas that straddled the interval sounded comparatively pale and straightforward after the rich polyphony of the Bach. But their lightheartedness disguised the precision and subtlety of Miss Rhodes' playing.

She returned to the heights for the last piece, a Sonata by the Belgian virtuoso Eugene Ysaije, who died in 1931. Fully at ease now, Miss Rhodes threw herself, with obvious enjoyment, into the formidable difficulties of technique and intonation that this work presents as a culmination of nineteenth century virtuosity. The diabolical high-speed chords and arpeggios left a dazzling impression on the budding, flowering, and, in some cases, slightly withered string players in the audience.

The dry acoustics of the Anatomy Theatre, however, are not really suitable for live music, comfortable though it is for the audience. Just a small memo to the society official who introduced the recitalist: it might sound less dismissive if he announced the next meeting after her recital, rather than before it.

D.P.C.

Dr. David Owen

On Thursday, 25th November, a lecture was given to the Society by Dr. David Owen. This provided us with a unique opportunity to listen to Dr. Owen talking about his two pet subjects: the National Health Service and Medicine in general. There can be few people who have such insight into the running of the N.H.S. coupled with extreme views on the role of doctors and medical students in society.

Dr. Owen, the Member of Parliament for Plymouth, Devonport, is now in the Foreign Office. He began his talk by describing how he rose from a politically interested G.P. to Minister of State for Health in 1974; only eight years after becoming an M.P. Dr. Owen, only the second Minister of Health to be medically qualified, expressed the opinion that his personal involvement with medicine frequently made decision-making more difficult.

The arguments he presented centred around the pressing issues of the N.H.S. and especially those spheres of particular interest to Dr. Owen. This included a discussion on the rationing of health care when expenditure is of necessity very limited.

Dr. Owen stressed his particular interest in the mentally ill and handicapped, although he is perhaps better known to the public for introducing a private member's Bill in 1973 which led to the 1975 Children's Act being passed in Parliament.

Finally, Dr. Owen emphasised to the audience the need for them, as doctors and medical students, to become economic decision makers. He reminded them that if they opted out of decision making then they would find themselves organised by less well informed and intentioned individuals.

The speech, which ended with a short question time, did provoke a fair amount of comment and was generally held to be both interesting and entertaining—spiced as it was with references to well known politicians and by personal anecdotes from Dr. Owen.

J.S.

Future Meetings

Next spring more debates and lectures have been planned for Quodlibet, including a lecture on wine (with free samples!), another debate, a talk from a well-known playwright and author and other delights destined to tempt the appetites of even the most jaded of Guy's students.

MEDICAL STUDENTS AND THE B.M.A.

by Dr. Alan Gilmour

Under Secretary, B.M.A.
(Past President, B.M.S.A.)

There have been two reports in recent issues of *Guy's Gazette* where the B.M.A. has been attacked for its interference into the affairs of B.M.S.A., and more recently for its attempted incursion into medical student affairs. It would seem to be time to put the record straight.

The B.M.S.A. developed thirty years ago because of medical students' disquiet about the highly political nature of the National Union of Students, in order to provide a national representative body concentrating on professional affairs. Membership was largely through group membership of individual medical schools throughout the United Kingdom (and Guy's was a founder member) with provision for individual members as well. B.M.S.A. once set up, ran national and international scientific conferences, negotiated on the particular problems of medical student grants, and was active in the field of medical education. With the help of the newly formed College of General Practitioners B.M.S.A. published the first report on the teaching of general practice in medical schools. It was involved in problems of student health, published its own journal. Last but not least, B.M.S.A. organised a rugger cup for regions outside London. It was a founder member of the International Federation of Medical Student Associations, and played a very active part in organising medical student exchanges and clinical visits and attachments in this country and all over the world. For this purpose it established the "British Medical Students Trust" (which still exists) in order to help with the costs of travel on elective visits overseas.

In all of these activities B.M.S.A. acted completely independently. The B.M.A. provided offices at B.M.A. House, an administrative secretary, full-time clerical support, and unrestricted telephone, postal, and documentation services, and in later years clerical support was given at the B.M.A. Edinburgh office for the international student exchange scheme. There were no strings attached, these facilities being provided out of goodwill and while there may have been the hope of promoting reciprocal good will on the part of medical students, no stipulations of any sort existed. The Officers and staff of B.M.A. were always ready to advise or assist if approached, and as one who served as an Officer of B.M.S.A. for four years, and subsequently as a Trustee of the B.M.S.T., I can testify to this without reservation. When I joined the B.M.A. staff ten years ago I was appointed liaison officer to B.M.S.A., and was able to assist in gaining representation of B.M.S.A. at B.M.A.'s Annual Meeting, and Junior Members' Forum, and subsequently on the principal B.M.A. committees. At B.M.S.A.'s request this representation was on an observer basis, lest it should be inter-

preted that full membership represented a commitment, which did not necessarily exist, to B.M.A. policies.

In the final year of B.M.S.A.'s existence, when the new executive was intent upon winding up the organisation in favour of a wider association of students in health care, it is true that the B.M.A., during an inflationary period, reviewed the whole range of its expenditure. The use by B.M.S.A. of B.M.A. facilities was found to have grown out of all recognition—although budgeted as much less it was probably approaching the order of £10,000 a year. The B.M.A. Treasurer therefore proposed that there should be a finite limit upon the use of B.M.A. resources, and offered to B.M.S.A. the alternative of a direct grant of cash, which could be used in any way the B.M.S.A. chose, or alternatively specific office facilities. At the final A.G.M., when it was proposed that B.M.S.A. be wound up, there were a number of medical school representatives who were deeply concerned at this move. It was represented to them that the B.M.A. had withdrawn its support, and that without this support B.M.S.A. was no longer viable. The latter statement was just not true, B.M.S.A. could have continued if the A.G.M. had wished.

What was undoubtedly true was that the degree of B.M.A. support for medical student activities was known only to a very small handful of medical students at any one time. B.M.A. got very little mileage for its money, other than the satisfaction of knowing that it was instrumental in maintaining a professional organisation for medical students, and apparently an increasing readiness to bite the feeding hand. It took no part in B.M.S.A. affairs unless invited, and therefore its activities were little known to medical students. At the same time, out of respect for B.M.S.A. autonomy, it made no attempts at all to make its own approaches to medical students to explain or describe its enormously varied and involved activities on behalf of the profession.

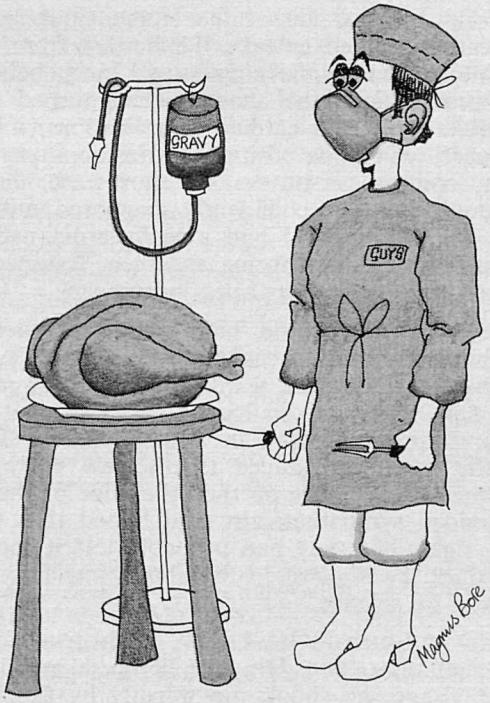
Since B.M.S.A. disappeared, it has become increasingly apparent that there are numbers of medical students who, whatever their allegiance to the National Association of Health Students and the political strength of the N.U.S. in certain fields, have been concerned at the lack of a professional forum at national level. It has been equally apparent that the travails of the B.M.A. in seeking to maintain the position of the medical profession in a rapidly changing world have been a closed book to most undergraduates—whose futures can be very markedly affected by the success or otherwise of B.M.A. activity. A national conference of medical students was held in Birmingham, with a view to re-forming a national association, but the outcome was inconclusive; a further conference was convened in Manchester, and the B.M.A. (in partnership with the Medical Defence Union and the Medical Insurance Agency) contributed towards the costs. The B.M.A. Treasurer intimated that were a new national body to be formed he would be prepared to recommend to his Council that there be renewed support, in cash or in kind as offered previously to B.M.S.A., and it is quite true that he did make a stipulation that he would hope to

see some mileage for the B.M.A. from it. This was not in any way to be a constraint upon the autonomy of such a national organisation, but in the hope that there could be some means whereby the B.M.A. could communicate with medical students, and indeed that this communication could be two-way.

This conference was again inconclusive. The current activity, so bitterly criticised by Mr. Markwell, is that the B.M.A. convened a meeting which took place in Manchester on 24th November, 1976, in order to consult its own student membership, known as "associate members", about what sort of B.M.A. participation in medical student affairs might be feasible or in their eyes desirable. One associate member was selected at random from each medical school, and where this was unsuccessful other means were sought of obtaining a student representative, and in the event twenty five out of thirty medical schools were represented (medical students can obtain the British Medical Journal for £2.50 a year at present —compared with the normal subscription of £40—and those in their clinical years can become Associate Members). Mr. Markwell is right, this was not a democratically elected meeting, it was not intended to be so, but rather a process of consultation with individuals. Dr. John Dawson, who organised it, was concerned to find out what the B.M.A. could do for medical students, and what was their interest in, or knowledge of, the B.M.A. This was intended on a professional level, and on a plane quite separate from the activities of the N.U.S., which has its own role to perform—indeed these different roles have been discussed with the President of the N.U.S., Mr. Clarke.

The B.M.A. has some 50,000 members in Great Britain alone, and provides the recognised negotiating machinery in which all the 70,000 doctors in the N.H.S. can take part. Its activities are therefore of direct concern to medical students, and it may be that a number are interested and would perhaps like to contribute from their own particular viewpoint. B.M.A. activities are not confined purely to terms and conditions of service—although it has a very active trade union role—but cover every aspect of professional life. The initiative for the setting up of the present Royal Commission on the N.H.S. came from an approach from the B.M.A., supported by other professions, to the then Prime Minister to press for an urgent enquiry into N.H.S. finances, because of our great concern at the under-financing of the N.H.S. and the consequent problems of maintaining a proper health care system for patients. We provide advice to government on a vast range of subjects from the allocation of resources within the N.H.S. to the safe formulation of digoxin tablets. The B.M.A. initiated an enquiry, in which all the Royal Colleges and other medical bodies participated, into the ongoing competence of doctors. It has produced reports on Professional Standards, The Care of the Elderly, Artificial Insemination, Gaps in Medical Care, The Development of Primary Health Care Teams, and a whole range of subjects concerned with the provision of high standards of health care. It believes that many medi-

cal students are interested in such matters, and in medico-political activities, and it would like to have opportunities for the medical student voice to be heard in its deliberations; it would like to have opportunities for informing medical students of matters which may be of concern to them; it would like to help medical students to form their own national professional group, if, in time, they so wish. It feels that its activities are often misrepresented, but it is used to that! There is nothing malign, nor underhand, nor manipulative in its intentions—just an intense desire that there be two-way commuication, of information and ideas, about matters affecting the medical profession, which will be of longer concern to those currently medical students than to any of those B.M.A. members who are currently in practice.



"I'm following in Father's footsteps . . ."

One serious problem that faces the newly qualified doctor is to decide whether to apply for the First House Job in the "Group" or boldly to cut the academic umbilical cord once and for all and to strike out into the unknown depths of East Cheam, the Knock-knees of Neasden, the Bars of Potter or even go abroad, maybe to some Silly island, like St. Mary's, or devolve to Llanbuttock or desassenach to Rhum, Eigg and Muck. The choice is endless.

To those undecided sufferers facing both horns of this taurine dilemma, perhaps I could attempt to untie their Gordian Knot, life the nebulae, chase away the Cerberine dogma (and pa, if necessary) and offer a picayune, tikkie or piece of advice. Why not compromise; the British are so good at it. Why not go somewhere where you will find a man or woman who knows the true meaning of DARE QUAM ACCIPERE, and does not think that it is something to do with the Common Market equivalent of the D.H.S.S. and Inland Revenue?

I thought I would put my theory to the test before I finally managed to satisfy the academic voracities of the examiners and was faced with the vortex for real. I decided to do a dummy-run into the pleasant country-side of the Home Counties. The simple change of location seemed to take the burden from my shoulders. I felt quite intoxicated in the country air, and, believe it or not, my sputum became clear, the anaemia-urbis turned into a healthy malar flush (quite free from cardiac complications: n.b. such a trap at Queen Square, when the visiting Professor from the Provinces slips a healthy country person in as a short case, thereby catching the poor student, who has confidently diagnosed mitral stenosis at 2 metres, out for a Duck). I had a tachycardia naturalis, a good apex beat (not felt since last Spring and then, I suspect, more aided by ethanol rather than good aesthetic judgement).

Gone were the towers and half completed sites and disused Theatres around SE1: I could easily see above the one storey wood huts that served for surgical wards, and there were fields, trees and animals. Life was good, so I confidently strolled down to Out-patients. The Consultant came in and sat down. The other two students in the room introduced themselves. They had the misfortune to come from a place on the other side of the Thames. The Consultant nodded sympathetically and hoped that they had been managing all right, but they had probably left it too late to come to him; he would try his best in the short time left to teach them the rudiments of his science.

Now it was my turn: "Guy's, Sir", I said triumphantly, getting the question right first time. His face lit up, a broad smile crossed his intelligent visage, he shook me warmly by the hand and said those magic words, so well known to all Guy's students, "Go and clerk the first patient, while I straighten out these two lads." I knew I was finally accepted and made a note to get my G.H.R.F.C. tie next time I went home, he looked like a Prop to me, or perhaps I

should borrow a Boat Club Tie, just to play safe. From then on, every ward round, list or outpatient session was filled with reminiscences and anecdotes about his days at Guy's. Perhaps, dear reader, you may remember some of these legends: Such as the Casualty Officer, who finding a strange node in the skin of a patient referred him to the Dermatology Registrar with a letter bearing the time honoured diagnosis "G.O.K.". (For younger readers, this means "God Only Knows".) The Registrar replied as follows: Dear Doctor, Congratulations on your accurate diagnosis of Mr. X's condition. The node was, of course, a Granuloma of Koch. (A friend of mind thought that G.O.K. stood for Gonococcus of Kock.)

A much respected Physician was performing a sigmoidoscopy in O.P.D., when unfortunately, owing either to the difficulty of the approach or an unusual model of 'scope, his tie became wrapped around the instrument and slowly entered the patient. His Houseman was instructed to cut the vagrant tie, and was then rapidly sent to London Bridge Approach to buy a replacement. Perhaps this is why surgeons and members of the Renal Unit wear bow ties.

Another revered Physician had a glass eye, and sported a monocle. He also suffered from a mild stethoscopitis and could not clearly hear patient's chests in the noisy wards. In those days there were white counterpanes on the beds, and he used to go through an elaborate routine of cleaning his objet d'art while the students were listening to the patient's chest. In fact, the X-rays were clearly visible on the white surface of the bed, so he could always look at the chest films and give the necessary encouragement to the student who gave the correct ausculatory diagnosis.

One great Physician would never admit that he did not know the names or doses of the antibiotics currently in use. It was always a gentle battle to try to make him admit to this small failure in appreciating the recent advances in pharmacology. One brave Registrar decided to challenge him and asked:

"And what dose do you suggest?"

"Well, I would give 75% of the manufacturer's recommended dose" came the reply.

Thus, my experiment had worked and I recommend this technique to all those who are still undecided as to their future.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before the publication date. Publication dates for the next three months are: 29th January, 26th February and 26th March, 1977.

Copy may be sent to us at 16, St. Thomas' Street, S.E.1.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

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Personal notices are charged at 10p per word (pre-paid, minimum £2.00).

Non-subscribers are charged £2.00 (pre-paid) for all notices other than Death.

"TO COURT, VIA THE PHARYNX"

Professor Rowe's Special Dental Lecture

In top level activities at Guy's on 26th October the Lecture Theatre was the venue for the third in the Medical Defence Union's series of Special Dental Lectures, the Robens Suite being the scene of hospitable gatherings both before and after the lecture. There was a full attendance of staff and student members of Guy's Hospital Dental Society, guests from each of the other London Dental Schools and many former students and other outside practitioners.

Sir Ralph Marnham, retiring President of the Medical Defence Union, in introducing Professor A. H. R. Rowe, who had chosen as his title "To Court, Via the Pharynx", referred to the fact that the first prize winner in the 1976 Medical Defence Union's dental essay competition was a recent Guy's graduate, Mr. Colin Hopper, and to the long and valued association of Dr. J. C. Houston, Dean of Guy's Hospital Medical School, with the Union as a Vice-President and member of its Council.

With characteristic humour Professor Rowe welcomed those who were making their first visit to the Tower Block and, sounding a note of caution for those at the back of the theatre, he pointed out that below the floor under their seats was almost 400 ft. of thin air!

He stated at the outset that, short of cardiac arrest, few episodes occurring in the treatment of a dentist's patients are more alarming than the swallowing or inhalation of foreign bodies.

Thus, though the import of his theme was extremely serious, the lecturer skilfully avoided a grim presentation mentioning, for example, the lady whose laparotomy following the ingestion of a root canal reamer left a vertical scar on her midriff and her legal advisers, who pursued a claim for negligence against the dentist, stated "she could no longer go bathing in a bikini". Professor Rowe's amusing inference was that if this was so she would be obliged to bathe in the nude to divert the attention of beholders from her midriff!

He outlined the essential qualities of forethought, judgment, skill and care which the practitioner must show to be able to resist claims alleging negligence.

He reviewed the replies received from overseas regarding the incidence of swallowed and inhaled foreign bodies and subsequent litigation. On the international scene this appears to be infrequent, though there have been a few dramatic exceptions and the more recent of Grossman's investigations points to a risk of 0.00046% of patients being so involved. 82% of cases involved treatment of mandibular teeth and 18% maxillary teeth. 87% of foreign bodies included in the survey were ingested, of which 23% involved surgical removal; 13% were inhaled and required operative intervention.

Exploiting to the full the twin projection equipment of the theatre Professor Rowe's slides included a bizarre collection of examples of the foreign bodies. Among these were reamers, teeth, fillings, inlays, rubber dam clamps, crown posts, retentive pins and dentures. In dealing with the precautionary measures the merits of rubber dam, safety chains or threads, and sponge packs were reviewed together with the adequacy of throat packs in general anaesthesia. The legal case Holt versus Nesbit (1951) in which swabs had become impacted in the trachea and the patient died, and the more recent case Skinner versus Gregg of 1970 in which the patient's life was saved after heroic intervention by the anaesthetist, were quoted. Expensive amalgam fillings shown included one which cost £550 in damages successfully claimed by a patient who had inhaled it.

Though the method of illustration continued to be light-hearted, the seriousness of what the speaker called "systemic restorative dentistry", in which thoracic and abdominal radiographs revealed reamers and other root canal instruments in markedly ectopic positions, was not lost on the audience. Neither was the fact that at a recent count it was found that of the rolls of rubber dam supplied by the dental companies over a twelve month period the majority had gone to Dental Schools leaving only a small number for use amongst 15,000 practitioners in general and hospital practice!

In illustrating the effect of the position of the dental chair and the patient on the anatomy of the pharynx and the physiology of swallowing, Professor Rowe enthralled his audience with an account of xerographic experiments he had conducted with himself as the subject, his slides providing graphic emphasis of the long seal produced by the tongue.

He also reported Stafford & MacCulloch's series of 110 cases of ingested or inhaled all-acrylic dentures which were non-radiopaque, commenting on one or two dramatic examples and suggesting the use of radiopaque products of fairly recent introduction, the use of which could provide freedom from such sequelae.

In closing he emphasized the necessity for immediate and effective reference of cases where mishaps have occurred in order that the patient may suffer minimal harm.

After Professor Geoffrey Howe of the Royal Dental Hospital had proposed a brief vote of thanks to Professor Rowe and also to Sir Ralph Marnham for taking the Chair, those attending were entertained in the Robens Suite.

In the quality of its preparation, illustration and presentation, the lecture was a superb example of what a gifted speaker may, with the help of up-to-date facilities, achieve. Guy's is to be congratulated on bringing these two together.

D.G.D.

IVOR GRUDGE'S FAVOURITE QUOTES IN 1976 . . .

Notes from the Press:

Cresta-Run

"Hospitals are Motorways for mice and Highways for Cockroaches."

Bomb-blast in unenclothed areas

". . . told her parents in Leek, that all her clothes from which she had changed had been destroyed. . . . Her parents were relieved she was safe."

Friendly Male Lib?

"Busty life of Mr. Bra inwave."

Meditating—a piece of cake

"A huge 'enligstenment cake" was cut in Norfolk Square, Glossop. Transcendental mediciation . . . could be used as preventive medicine by local autsorities . . . to help people give up alcohol and smoking . . . for just 20 minute seasons a day a person can feel greatly relaxed."

No-One Knows?

"She cheerfully admitted her nose was a 'bit of an accident'. After her operation in Yugoslavia her three-year-old daughter said 'Look at Mummy, she's got a new Nose. Where's the dead one?' ".

Reincarnation of the Year

"When the little fellow appeared in January it wasn't enough that he was an ancestor of the famous Sir Thomas Guy, founder of Guy's Hospital during the last century. . . ."

The Hamelin Budget

"Sir, perhaps those who are contemplating cuts in local government expenditure should bear in mind what happened in Hamelin 600 years ago on July 22, when the Corporation slashed its budget by 950 Guilders."

(With thanks to Mr. Teilo Bowen and *The Times*)

Split Personality or *Dominant Partner*

Lecturer at St. Elsewhere's: ". . . may result in hemiplegia: only half the patients can tell what has happened to them."

Notice seen at St. Elsewhere's. Three's Company?

Only two visitors per bed.

Overheard in the Family Planning Clinic

First Lady: "Can't make up my mind. Dave Allen on TV said the best oral contraceptive was the word 'No'."
Second Lady: "Yes, a contraceptive should be worn on all conceivable occasions."

RADIOGRAPHY

NEW RADIOGRAPHERS FOR A NEW DEPARTMENT

It would appear that the seasonal spirit of giving has affected both the Radiography Department and the schools of radiography slightly early this year.

The X-ray Department was the first to be affected, opening its new general department on the 2nd floor of Guy's Tower on the 1st of November, after a long, and often impatient, wait by all sections of the hospital community, of whom not the least impatient were the radiographers and radiologists themselves. However all is now well and apart from a few minor teething troubles, which are really only to be expected with the "birth" of such a technologically complex department the happy event occurred relatively painlessly in the end. This has provided the hospital with a much needed, and long awaited, expanded service to keep pace with the increasing sophistication in methods of diagnosis, treatment and assessment of patients. In addition to the technological advances the patients themselves have benefited in a way which may easily appear more obvious to them—the facilities have been greatly improved by the provision of several waiting areas, so allowing patients for one type of examination to be grouped together and hence dealt with more readily. The provision of the smaller waiting areas also ensures that the relatively "fit" out-patient does not so often come into contact with those who may appear to him to be very sick, and he is therefore not so easily upset by their presence as was the case in the old medical X-ray department.

You may easily be wondering by now how all this change affected the students and the School of Radiography and one is happy to be able to report that the effect was apparently a very good one. A generation, if such is the correct expression, of students has just passed through the School of Radiography with a tantalising "carrot" dangling continually before them. When these students attended for interviews for places in the schools they were informed that a new department was shortly to be opened which would be the most modern in Britain, and that before they completed their training they would be undertaking their practical tuition in that department. This group commenced training in October 1974, taking their final examinations in October 1976. It was therefore only in the period of waiting to hear the results of those examinations that they actually managed to work in Tower X-ray. Happily they had not been deterred, and when the Society of Radiographers' Examination results were published on December 1st amongst the very happy faces was that of Miss P. G. Hampson who had just learnt that all the Guy's students to whom she and Dr. Dow had offered jobs had been successful and were now qualified radiographers, eager and willing to start work as members of the staff of the new department. One is also happy to be able to report that these were not the only examination successes by a long way—the full list being included in the information at the back of this issue.

NURSING

THE LIGHTER SIDE OF MARKING

The task of correcting written work is one which is for most tutors never ending. Test papers appear to have the ability to perpetuate themselves, and for every one which arrives on the desk there seems to be two there next day. The only relief is that of reading the howlers which are therein contained, and readers may remember that in the last Christmas edition some of these were printed. The past year, however, has produced another collection of these and maybe could be considered as the one crop which remained unaffected by the drought. Some of these are printed below and again are without the permission of the authors. It is to be hoped that if anyone recognises their own contribution they will accept it as part of the seasonal spirit.

"Dulcolax is an aperitif."

Senior Nursing Officer to student: "Who is in charge of the ward nurse?"

Nurse: "Oh it's only the strings and she's tied up with a baby in a cubicle."

"The central nervous system was alert and angry, and red eyed pupils were reacting."

"Eye care would be given as they tend not to close their eyes completely and this could cause them to crack."

"Movement of limbs should be encouraged to prevent spread of infection to the respiratory tract."

"A thoracotomy means that the surgeon has to enter the chest."

"The doctor may require a stomach washout to be performed on him."

"Poisoning—Young children eating adults who have left tablets within reach."

"Children being able to get into a medicine chest or on top of a cupboard."

"Toddlers because of their shape and colour!"

"The stomach will be sucked out."

"The patient is admitted on his semiprone side."

Administration of drugs: "It must be checked that the patient has swallowed it and not left it on his locker for one lonely night."

"The patient when he arrives at the accident department should be washed out."

Thanks are due to all the unwitting authors who help those who correct written work to retain their sanity.

PHYSIOTHERAPY

The Continuous Assessment Record Book is a descendant of the Blue Book and the Procedures Book which blighted the lives of past Guy's physiotherapy students. It is the passport to the qualifying Part II examination in that at least three-quarters of the techniques embodied in it must have been satisfactorily demonstrated by a candidate before she is allowed to enter.

At present, a student takes an Intermediate examination in which she is required to demonstrate her competence in the practical skills, but the set-up is artificial and it can, depending on the prejudices of her examiners, show a high degree of irrelevance to present-day concepts of physiotherapy.

To reduce the artificiality, the Chartered Society has replaced this section by producing a book which lays out a series of skills, the steps by which they are built up and an elucidation of the principles on which they are founded, so that at an appropriate stage in the course an assessment may be made of the individual's competence to apply each skill. Thus, a student can appreciate the relevance of the treatment method, gain confidence in her gradual accumulation of professional expertise, and avoid the anguish of a "once-off" test by which her total competence in that field is judged on a small, possibly non-representative, selection of procedures.

A laudable amendment, this, which gives a better guarantee that the techniques taught and learned are those applicable to practice and are not labelled "for examination purposes only".

Unfortunately, the assessments are time-consuming and it is proving difficult to incorporate them into the programme. And, of course, not only is the students' time taken up but, even more, that of their teachers and supervisors. An experienced examiner observing a student treating a patient can make a quick appraisal, but to follow through a conclusion is, to put it mildly, laborious.

The School relies heavily on senior clinical staff to supervise and teach the treatment of patients, especially on the wards, and they already augment the basic classroom teaching in an important way. We must now ask them to take on the additional burden of carrying out many of the assessments as well. Some Schools have had recourse to appointing clinical instructors, who have not undergone the further two years teacher-training that we require of our teaching staff, but who, nevertheless, give up their own clinical responsibilities wholly to concern themselves with students.

It is difficult to see how we can afford to take our clinical staff away from the practice at which they are expert even more than we do at present, and still give as competent a service to patients, and the innovation, admirably conceived as it is, is proving inordinately difficult to put into practice.

SLICKER

From Our Ugandan Correspondent

De Presidential Palace,
Loo anda Bathroom,
Uganda-on-Trent,
Africa.

Hello Dere Dis is Big Dada talkin at yuz once again,

Once upon a time . . . oh sorry I got de wrong begginin (I tought I was adressin de army for dere bedtime story). Once again I find myself droppin you a little note Mr. Slicker (well I would have dropped you a cheque only I gets mine from de Latex tree and I hasn't been sent me latest book yet, yuz understand). All I is doin is writin to inform you of de latest happenings in de all hallowed Ugandan Dental Hut, oh yes we isn't letting you buggers get all de cream of de new and rich Dental Students. We is doin our best to tempt dem over here wiv all sorts of goodies like . . . holidays every 3 years and Double de Bur points on de Fridays etc. . . . (While I is on de subject dat is a great name for de new T.V. show I is plannin . . . DOUBLE de BUR POINTS.)

Well whats wrong wid a little joke now and den, I tell you, you British tinks you is de cats whiskers, I give you a For Instance. . . . You tink you is good at everyting, You tink de English make good lovers, well I tells you de Japanese make dem faster and cheaper. . . . Oh you tink everyone is Backin Britain, well I tell you I is, 2000 : 1 against, Ha Ha.

Enough of dis tickle tackle, your Monty Malletson wrote to me de udder day, he was frettin about some woman or udder, sayin "Women is all alike." Well I tells you Monty Baby, women is all I like as well.

Oh, I nearly forgot to tell's you about de Fracka in de Dental Hut de udder day. . . . Well one of de spittoons was leakin in de much celebrated Ash Game Warden Unit, and dis silly little

bugger of a Dental Student rings me up in de middle of de night sayin, "I gotta leak in me Spittoon". So I says . . . "Go ahead, its your spittoon".

I is tellin you down here, dere is no end to de facilities we is providin for de Students. We has introduced de first all nude Ugandan Nudist Colony. But after goin down dere de udder day I'm tinkin of puttin up a sign sayin . . . "All participants in de Leap-frog must complete de Leap".

We is havin de terrible time wid de Students meals . . . well most of dem buggers is canabals, but we is showin some success re-educating dem into de ways of civilized man ! . . . coz now on Fridays dey only eat Fishermen.

Well dats all for de moment Mr. Slicker, I must say I've enjoyed our little chat,

Lots of Love,
Idi Amin

xxxxxx

(some more kisses on de bottom
just like de ones de A.H.S.'s give, anly softer)

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Slicker Publications has had its nose to the ground again, listening to those "all too frequent" quotations heard in and around Guy's. . . . In fact *Slicker Publications* could even be described as the "Ear of the Masses" . . . or better still . . . "OTITIS MEDIA". Here are just a few of those quotations:

QUOTABLE QUOTES

. . . "Well sir, it's like this . . . the patient managed to catch his cheek on the end of my Air Rotor bur, hence the 3 centimetre lesion on his buccal mucosa."

. . . "Well sir, the fact is, the tooth moved while I was drilling it . . . and that's the reason it's an M.O.D. instead of an Occlusal."

. . . "Well sir, I'm afraid I've exposed on the Upper left 2, but the patient admitted it was his fault as it's happened to him before at Guy's."

. . . "Well sir, the major problem was that the tongue was in the way, so I told the patient to swallow and it disappeared."

. . . "Yes sir, I realise the patient is drunk, but last week you did say he ought to have more experience of Locals."

"This really won't hurt now mummy's here"

Slicker Publications has recently commissioned one of its "Features" journalists, Miss Jean E. O. Glossus to compile a brand new Dental Dictionary to assist young dental students with certain technical definitions:

(The following Dictionary is also useful for crosswords.)

COPPER RING . . . a circle of policemen.

A person with an enormous appetite . . . is a MASSETER.

The paunchy stomach of a fat Welshman . . . = ANTERIOR BELLY OF DAI GASTRIC.

RUBBER DAM . . . = an Elastic swear word.

INFERIOR DENTAL NERVE . . . = (what Doctors think when Dentists refer them patients).

What hungry birds do . . . = BITEWINGS.

SUPER TORQUE . . . = Professor Cawson's Annual Clinical Day Lecture.

T. R. ASH & Co. Ltd. . . . = A new firm of Dental Suppliers.

C. ASH & Co. Ltd. . . . = An old firm of Dental Suppliers.

DURALAY . . . = a hard Saturday night.

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BOOK REVIEWS

An Introduction to Mechanisms in Pharmacology and Therapeutics. Howard Rogers, Roy Spector and John Trounce. Pp. 411. Price £7.50. William Heinemann Medical Books Ltd.

This little monograph was written by three Guy's men whose aim was to provide a suitable text midway between that covering the 2nd M.B. pharmacology syllabus and the large texts that contain more information than is required for the B.Sc. or B. Pharm degrees. Throughout the book, the emphasis is on the mechanisms of drug action and the underlying biochemical pharmacology of drug effects. The authors assume that the reader has a good knowledge of biochemistry and mathematics.

The book is well illustrated throughout and the formulae of the majority of drugs are given. This is particularly useful, since this information is not always readily available to the undergraduate without a long search through the literature. The book fulfills the authors' intention of providing a bridge between the preclincial and clinical periods. It is a suitable text for the student with some knowledge of pharmacology to develop his understanding and broaden his knowledge before going on to the larger works.

R. L. Parsons.

Psychological Medicine. An Introduction to Psychiatry. 8th Edition. D. Curran, M. Partridge and P. Storey. Pp. viii + 444. Price £5.75. London, Churchill Livingstone.

The student is faced with a bewildering array of volumes from which to choose a text book on psychiatry. Most of them have particular flavours appealing to some, and most are at least all right. My opinion is that students will be well advised to start with Fish's Outline of Psychiatry, Stafford Clark's book, the UCH notes on Psychiatry, or this volume. Fish is splendid, but currently virtually unobtainable. A new edition of Stafford Clark's book is in preparation but may not be ready for a year or two. UCH notes do not suit all tastes. Curran, Partridge and Storey is first class. Its particular strengths are its emphases upon clinical phenomena and common sense eclecticism in clinical management. Its clinical descriptions are clear and detailed enough for many postgraduate as well as undergraduate purposes. An inquiring student would need more than this on psychiatric philosophy, psychology and treatment, and the book is rather weak on bibliography and omits child psychiatry. I recommend it.

J. P. Watson.

"Rita Greer's Extraordinary Kitchen Notebook", by Rita Greer. Pp. 100. Price £2.00. Published by The Author.

When her husband was found to be suffering from a progressive degenerative disease, Rita Greer endeavoured, by trial and error, to find out which foods seemed most suitable for him. The resulting diet turned out to be one "free from animal products, gluten, wheat, cholesterol and cane sugar and low in saturated fat".

Since she could find few recipes which fitted into this régime, she devised her own, and has now published them to help others who are trying to prepare similar diets.

The recipes range from the fairly complicated to the almost self-explanatory (e.g., baked beans on toast). In the savoury section a fish recipe is included, but for puddings only fructose, fruit and saccharin are used as sweetening agents.

The paper-back is clearly set out and well illustrated with photographs and the author's own drawings.

For anyone wishing to try this type of diet the book will prove invaluable. For the rest of us, some of the dishes are interesting and could add variety to a more orthodox bill of fare.

P.M.N.

CORRESPONDENCE

Strangers' Gallery?

SIR,—We would like to draw your attention to the growing number of people attending "the students bar", who have nothing at all to do with the hospital.

We refer of course to the degenerates from the Borough, who obviously choose a night out at Guy's because of the relatively low priced drinks available. These people are of dubious character and one suspects their intentions at being in Guy's at all, as they are often to be seen prowling around cloakrooms, etc., which are as we all know unattended—and so they should be. We would therefore like to suggest a more stringent control of people allowed in the "students bar". Of course we realise the impracticalities of excluding all people except students because of the number of nurses, physics, etc., who regularly attend the bar. However, all these people have been issued with Guy's identity cards and these could be used in the same way as Clubs' Union cards for admission to the bar and friends of Guy's people could be allowed in providing they were signed for by a member.

This system has been successfully used in other universities and we feel that not only would this make the bar a more desirable place and attract more people back to their own bar, but one would no longer feel apprehensive about leaving coats and bags in the cloakrooms.

Yours faithfully,

J. M. COLLEY, dental student
C. S. ROBERTSON, medical student.

East Wing,
Guy's Hospital.

Life Members of the Union

SIR,—A notice in the Students' Bar states that cheques will only be cashed on production of a Union Card. Does this mean that Union Cards are considered better guarantees of cheques than cheque guarantee cards (such as Barclaycards) or is the intention to restrict cheque-cashing to Union members, so as to ensure that the cash level in the tills is not reduced below the level needed for normal trading—an eventuality which the introduction of a special "cheque-float" would avoid?

This leads on to my second point, which I consider more important. Past students of Guy's are automatically life members of the union and thereby entitled to the same privileges as current students, but without the advantage of a current union card to prove it. The use of union facilities (including the snooker room, the purchase of drinks in the bar, and yes, the encashment of cheques there) is theoretically the right of past, as well as present students, yet I, and many of my friends, have experienced great inconvenience on occasion. It is all very well to *insist* on one's rights (as we have been told to by the Bar Steward, Les Day) but when the students on duty zealously—not to say, on occasions, mindlessly—obey the rules to the letter, without considering the background situation, it is very difficult, short of vaulting the bar counter, to insist effectively.

May I suggest to the Union President that a relatively simple effective way of ensuring that past members of the union (who may nowadays be very eminent members of the professions) are not in future embarrassed in this way, is to make available a "life-membership" card, which will be accepted in the same way as a current union card as proof of entitlement to the full use of union facilities?

Yours faithfully,

28 Thurleigh Road,
London, SW12 8UG.

R. J. ROBINSON.

Scouting for Locals

SIR,—Our Scout Group (24th Bermondsey) serves the area within the approximate boundaries of Borough High Street, Great Dover Street and Tower Bridge Road. It might therefore be considered as the local Group to Guy's.

We believe that within this community there is a strong need for activities such as Scouting for young people and we have in fact endeavoured to meet this need for many years. The extent of our success has always been limited by a shortage of people willing to give some time to help and train these youngsters but now this problem has become acute and is threatening our existence. Through several resignations due to personal matters we have just one leader running both the Cub Pack and Scout Troop single-handed.

There is no way that one person could offer attractive Scouting to forty boys ranging from eight to fourteen. To continue like this would be unfair on these boys who have joined us for good Scouting and have a right to expect just that. Gradually they will become disillusioned and will leave, probably lost for ever to Scouting and all it can offer.

We are therefore anxious to resolve this serious problem and are trying to publicise our needs as widely as possible, particularly in areas where there is a feeling towards young people or where there are numbers of potential recruits.

Guy's, we feel, might come under both these categories and we write to seek advice and approval for making an appeal for adult help to the Hospital community. There may be people who have once been in Scouting and also others with a little spare time and a desire to help young people.

Our main problem is in knowing how to reach potential helpers and we wonder whether there are clubs or societies which could be addressed or notice boards which could be read by them. The wider we can spread our appeal then the more likely we are to succeed.

We hope that you will allow us to make our voice heard in Guy's so that as many people as possible will at least know our problem and have the opportunity to offer help should they wish.

While writing, it occurs that we may be able to offer a service to the Hospital. Perhaps young patients able to move could be brought to Cub or Scout meetings or we could bring Scouting to them. There must be many who are already Cubs or Scouts and others for whom a weekly meeting could be an exciting occasion. Solving our leadership problem must have priority at present but this may be considered a worthwhile project for the future.

Yours faithfully,

25 Windley Close,
Derby Hill, London, S.E.23.

ROGER HOOK,
Scout Leader.

Editor's Note: Mr. Hook would be glad to hear from anyone who might be able to help him and can be contacted at the above address. Alternatively, contact Dave Stephens of the Community Action Group on 01-237 6892.

From John Cragg

SIR,—Since it has not been possible to meet all who so kindly donated towards my retirement presents, I would like to take this opportunity of showing my grateful thanks and to remember all the help and friendship received throughout the years which have flown all too quickly.

Yours faithfully,

JOHN H. T. CRAGG.

62 Beech Way,
Twickenham, Middlesex.

Junior Choice?

SIR,—A situation has recently arisen which has caused concern to certain members of staff. We invite the opinions of your readers. Organ transplantation. Is it right for a parent to give his or her consent in order that an organ may be taken from a living minor?

Yours faithfully,

Nuffield House,
Guy's Hospital.

C. DAVIES, B. O'HARA MURRAY,
J. POPECK, L. BARTON.

Thatchings

SIR,—Through your columns I would like to thank all my friends who remembered my birthday and also to the many others who have sent their good wishes to me whilst I was at Thatchings during the final lonely months earlier this year. I have been living at my new address for several months now with Lassie and after a short illness am feeling much healthier and have even given up smoking. I even do some gardening tending to my dahlias and geraniums. The shops nearby nestle between the "Lamb" and the "Bear" so if I have any visitors it is not far to walk for liquid refreshments. Unfortunately it is not quite the same as afternoon tea on the lawn but I have many happy memories of the weird and wonderful people who made the pilgrimage to the South Coast to be "supervised and tended to" during my years as housekeeper. It is with some pride that I show my local friends the Thatchings visitors book and photographs although they find some of the comments a little difficult to interpret!!

Thatchings has now been bulldozed to the ground but I am grateful to all the organisers who helped keep it open during last year and managed to set record attendances during August and September, which was a fitting way for Thatchings to end after 28 years existence.

I do not have the addresses of some of my friends and would look forward to any letters in the near future.

Could I finally close by wishing everyone a Happy Christmas and Successful New Year in 1977 and offer my hospitality to anyone who would like to come down to Pagham?

All my best wishes.

Yours faithfully,

"JANET" KNIGHT.

22 Mill Park Road, Nyetimber,
Pagham, Nr. Bognor Regis, Sussex.

A Gateway to Peace

SIR,—It is now almost a year since we were promised a gate between Wolfson House and Weston Street. This has still not materialised, which means that students wishing to buy goods at the local shops have to walk the long way round via the Snowsfields entrance.

Also, on a number of occasions recently, I have been disturbed whilst studying in my room by groups of students returning from the local Public Houses. These students return over the locked gate between Weston Street and the Campus often shouting and singing and creating a general disturbance. As a last resort I have sometimes found it necessary to dampen their spirits with a bucketful of cold water.

I feel that as it is almost a year since this gate was promised, it is now high time that something constructive was done to deal with these inconveniences.

Yours faithfully,

East Wing,
Guy's Hospital.

GUY GIBSON.
(*Dental Student*)

Too clever to be a doctor?

SIR,—I was troubled by the opinion of Dr. T. J. H. Clark, as reported in the *Gazette* interview (30th October, 1976), that "I have a strong suspicion that we are recruiting people who are academically too able for the needs of medicine".

It hardly needs emphasizing to the readers of the *Gazette* that we know next to nothing about the causes of some of the major medical problems of today. Cardiovascular disease, cancer, mental defectiveness and degenerative disease of all sorts are all about us and we can do precious little to influence their development, let alone understand their causes. The challenges of medicine—the delivery of adequate health care, medical research, the prevention of disease, and much else besides will surely need the best of brains. It is certainly sophistic to think that high ability and human compassion, an essential ingredient for those who would enter the profession, are incompatible bedfellows.

I submit that the profession has always needed men and women of the highest intellectual ability. Future generations will not forgive us were we to think otherwise.

Yours faithfully,

ALEXANDER G. BEARN, M.D., F.R.C.P.,

Professor and Chairman, Department of Medicine.

The New York Hospital—
Cornell Medical Center.

Wrong Address

SIR,—I thought you might be interested to hear that I have received a letter from Denmark addressed to Gay's Hospital School of Physiotherapi (sic). For patients feeling a bit queer?

Yours faithfully,

RONALD COOPER.

School of Physiotherapy,
Guy's Hospital.

SPORT

RUGBY

Guy's 1st XV 25 vs. Old Merchant Taylors 12

Guy's began the game at Croxley Green in impressive style, applying forward pressure both in a scrummage and line-out. After five minutes the pack were rewarded when a penalty was converted following an infringement by O.M.T. at a scrimmage. The forwards provided such solid ball that the backs were able to run and try out one or two moves much to the enjoyment of the centres who have jokingly been saying that they've had moves on since mid-season last year, but unfortunately, had not yet received the ball. A good break by Laws supported by Brazier and Hughes resulted in a try for the latter which was converted, giving Guy's a 9—0 lead after 20 minutes.

Unfortunately, just as it looked as if O.M.T. were really going to fold, Guy's dominance of possession evaporated to such an extent that the home side were able to score a penalty goal and come very close with another.

After the interval Guy's again gained the ascendancy and scored two tries within a minute. The first by the stand-off half who supported Tony Portelly following a well executed move by the centre and full-back. The second try came from the kick-off, O.M.T. not touching the ball. The score was a result of good backing-up and unselfish handling rather than individual brilliance.

Although Guy's relaxed a little late in this half they did run out 25—12 winners and in doing so showed on a few occasions their undoubted attacking flair.

Team: Wilkinson, McLauchlan, Emery, Francis, Portelly, Hughes, Laws, Parry, Gibson, Neill, Keevil, Challacombe, Brazier, Hagan, Loxton.

SOCCER

Starling All-Stars vs. Real Cornelius

The long awaited grudge match between the feared "Starling All-Stars" and "Real Cornelius" came off at Honor Oak Park on Sunday, 31st October. Keen-eyed skipper "Big G" Goulding led the All-Stars' mean machine to face the Dutch courage of Chris Payne's rugged opposition and, following some sparkling footwork in the Cornelius penalty area, he opened the score with a captain's goal from his famed big left foot.

This set the pattern of the match with continuous pressure against the Cornelius goal. Behind the spearhead of "Mudi Rudi" Bilous and "Dirty Greek" Vafadis, "B.O." O'Keefe, the midfield dynamo was ably supported by the dazzling silver boots of "Tubs" Caulfield Stoker and "Hot Stuff" Rastall (who at one point enthusiastically felled "Big G" to the ground) these two appearing to confuse themselves as much as the opposition.

A grim counter attack in the second half by hardman Bevis, Karani and Teeluck, plus the erratic genius of Leigh Rabb on the wing, managed to wrest two fluky goals from defenders "Randy" Rees, "Pilchard" Pitcher, "Dave the Rave" Jeffreys and the abominable Snowman "Fungus Face" Mayer in goal.

In spite of the eccentric talents of dusky Krishner Nair and the heroism of defender John Wedley (who risked rupture on several occasions) the well-drilled machine of the Starling attack brought the score to 5—2 by full time.

The worst abuses on the field were forgotten in a congenial session in the bar after the game which, for many of the players, mainly Richard Dunill and John McArthur, appeared to be the main event.

We would like to thank Christopher Newton for coping admirably as the referee and for those who came along as supporters.

Starling All-Stars

left to right: Spare part Lazenby, Dave-the-Rave Jefferys, Big. G. Goulding, (capt.), Mudi Rudi Bilous, Randy Rees, Smutty Vafidis, Pilchard Pitcher, Fungus Face Mayer, Hot-Shot Rastall, Tubs Caulfeild-Stoker, B. O. O'Keefe.

SWIMMING

The University of London Swimming Championships, for which twenty-one colleges entered, held last week at the Nuffield Pool, U.L.U., are something of a memorable occasion.

The heats were held on Monday, 29th November, and despite various swimming regulations we managed to gain places in most of the finals. Our first conflict with the officials concerned a certain members of the ladies' team being reprimanded for indecent exposure (a halter neck swimming costume, no less). Perched on the diving block, numerous officials approached and even suggested removal of the costume there and then, or that the costume should be worn back to front (obviously a very keen official!!). However, the evening continued. The opposition was very strong, and we didn't rate our chances of success very highly.

On Wednesday evening—finals night—we were more hopeful, having gained places in all the finals for which we had entered. The ladies' diving went well, and our team was only beaten by an Olympic and British champion diver. The team was also offered coaching in diving, so our morale was boosted.

The results were anxiously awaited and the team went to examine the scoreboard—Guy's had won. During the presentation of medals to the individual winners, the Guy's team were feeling rather smug. Alas, over the loud speaker it was announced that there would be a recount of the points. A few anxious minutes later the final result was announced :—

3rd—U.C., Bart's and Royal Holloway—26 points.

2nd—Guy's—57 points.

1st—King's (that unregal establishment in the Strand)—59 points.

How near but how far had been our chances, and once again we had to be content with second place.

It was a very enjoyable evening and I should like to thank all the swimmers and supporters.

Team :

Ladies—C. Smith, M. Ganczckowski, C. Chen, S. Leutchford, E. Palmer, C. Kinloch-Jones, E. O'Kelly.

Men—A. Smith, M. Miller, S. Harris, D. Rickard, N. Masters, H. Whittet.

C.J.S.

HOCKEY

Guy's 2 vs. Queen Mary College 1 (after extra time)

After a few scares about who was and who wasn't going to turn up, the game started with Guy's quickly putting pressure on the Queen Mary's defence. After about 10 minutes of Guy's pressure, the new short corner routine created a shot for Jeremy Horton, causing a good save from the goalkeeper; the ball ran loose and Duncan Jones pushed it home.

This brought tremendous response from Queen Mary's, who, urged on by a bawling lout on the touchline, applied much pressure to the Guy's defence. Short corner followed short corner but somehow with good saves from John Pascoe and one extraordinary miss the Guy's defence held. Many short corners were unnecessarily given away by certain members of the defence, who looked and played as if they had been to a Ball the night before.

At half time Guy's were lucky to still be in the lead. Half time revitalised the side and from the bully (or push back as it is now called) Guy's began to pressurise the Queen Mary's defence. The new short corner routine again produced shots at goal and David Keable-Elliot and Pete Rowley had powerful shots just past the post. During this brief period Guy's was unlucky not to score but much good hockey was created by Chris Hendy (the birthday boy) and the two inside forwards. Good use of the left wing was made and many crosses got through. By now Queen Mary's were getting desperate and threw everything into attack. Frequent attacks occurred down the left and centre. There was little down the right where Peter Sanders (at last someone spelt his named correctly), after a slow start, had made his

crunching tackles felt on the opposition right winger. Fine saves by John Pascoe kept Queen Mary's at bay. But the inevitable happened and they equalised with a rather scrappy goal and about 10 minutes to go. The play now flowed from end to end and some excellent hockey was produced from both sides. There were a few narrow misses but full time was reached with the scores level. Therefore there had to be extra time. The first period of 10 minutes resulted in a lot of Guy's attacks and frequent short corners. Shots again went close, long corners resulted and from one of these and a goalmouth scramble Rick Plowman converted yet another scrappy goal (but they all count). The Guy's defence really tightened up during this period with S. Cunnington and Mark Harris starring. After a quick turn-around the play flowed back and forth with Guy's looking more dangerous, particularly on the break. Full time was reached with Guy's in the lead. Many thanks to Colin Hunter Craig and his opposite number from Queen Mary's for superbly controlling what might have been a difficult match. The teams then adjourned to the bar where Queen Mary College ran through their repertoire of songs.

Team: J. Pascoe, S. Cunnington, M. Harris, S. Gulamali, C. Hendy, P. Sanders, D. Jones, J. Horton (capt.), R. Plowman, D. Keable-Elliot, P. Rowley.

D. Jones.

Saturday, 20th November. H.O.P. Guy's XI 1 vs. Aztec XI 0

The Guy's rally team made good time on the first stage to Maidstone but then had to wait for the clockwork "Dinky toy" bike rider ("I'm not late") Gulamali. The pitch was small, rough, exposed to the wind and with a promise of cold showers; it promised to be an enjoyable game.

The Guy's forwards soon proved to be all over the Aztec's defence and David Keable-Elliot produced some fine attacking moves on the wing. But the forwards were unable to capitalise on this. The backs played well and were constantly feeding the forwards with good through balls, but it was not until the second half that they were rewarded by a goal, which was kicked by a back under pressure into his own net. The Aztecs then attacked hard as Guy's, as usual lapsed after the goal, but it was only due to good goal-keeping by Stephen Martin that kept them at bay. Had the forwards spent more time taking shots rather than messing about, it would have been a more comfortable win.

Team: D. Keable-Elliot, S. Flint, R. Plowman, J. Horton, D. Jones, P. Sanders, C. Hendy, S. Gulamali, G. Saward, S. Cunnington, S. Martin.

Rick Plowman

Saturday, 27th November. H.O.P. Guy's 1st XI 2 vs. Oxted 1

Guy's did well to win a hard match, supposedly at the outset to be a "friendly". Despite the uneven pitch, which made even free hits difficult, the midfield was controlled early on by Chris Hendy and his henchmen, Pete Sanders and Shiraz Gulamali. It was thanks to them that Oxted never looked like scoring more than opportunist goals.

However, nor did Guy's, until Rick Plowman, still limping from a blow on the kneecap from a free hit, nicely slotted home the first goal after a penetrating attack down the right wing by Duncan Jones. This demoralised the opposition, but Guy's, instead of pressing home the advantage, relaxed and allowed a skillful break through the centre to penetrate and claim the equaliser.

Both sides now settled to some hard hockey, but Shiraz Gulamali decided the match with a long powerful shot, which narrowly missed the goalkeeper's left ear. With the score at 2—1, the half-time whistle was greeted with relief by the Guy's walking wounded.

The second half was equally fiercely contested with chances for both sides. The play went from one end of the field to the other, with Guy's looking more dangerous on the break. The frustration began to show in the

Oxted forward line, who were well controlled by Mark Harris, Garth Saward and Chris Hendy. This culminated in a nasty ill-tempered foul by one of the Oxted forwards, himself a Guy's man, and almost a repeat of an earlier foul by his brother.

When the final whistle went, it was a credit to Guy's, who kept their heads, and played with steel to win this hard match.

Team: S. Martin (½), M. Harris, G. Saward, S. Gulamali, C. Hendy, P. Sanders, D. Jones, J. J. Horton, R. Plowman, D. Keable-Elliot, P. Rowley, M. Craigen (½).

Friday, 3rd December. H.O.P. Guy's 1st XI 2 vs. Midland Bank 1

This league game was played in treacherous conditions where ice hockey equipment would have been more appropriate. Guy's set out with the knowledge that Midland Bank had a poor league record but the initial flourish of attacking play produced no goals. Despite the benefit of a mid-week training session from a national coach, Guy's were struggling to put their game together having forgotten the value of short rapid passes. However, mid-way through the 1st half, a cross from the right found Jeremy Horton whose penetrating through ball was accepted by Rick Plowman who made no mistake.

The lead was soon increased when the ball ran loose to the right of the goal where Jeremy Horton, normally so kind to opposing goalkeepers, suddenly decided to open an account with the Midland Bank. The half-time score was 2—0.

The pressure was continued in the second half and Chris Hendy, finding room on the edge of the "D", shot just past the post. The Bank soon replied with a shock goal after which the pattern of the game changed. The defence, having played well until now, began to look panicky. In the rapidly worsening conditions they conceded a penalty in the final minute. Luckily the presence of Steve Martin in the goal forced the flicker into error and the ball went two feet wide. The final whistle soon sounded for another league victory.

Team: S. Martin, S. Cunnington. M. Harris, S. Gulamali, C. Hendy, P. Sanders, D. Jones, J. Horton, R. Plowman, D. Keable-Elliot, P. Rowley.

C.W.N.

Results so far this season :
Played—10, Won—7, Drawn—1, Lost—2, Points For—23, Points Against—20

GOLF

Guy's Open Golf Championship—Final

The final of the Guy's Open Golf Championship was held at The Addington Golf Club on Sunday, 14th November, one of the few dry days during the month.

The two contestants were Doctors MacLean and Paddle, with Mr. Brain acting as referee and Mr. Coltart and Dr. Hewitt as trolley pullers.

On the first hole Dr. Paddle lost his ball, a misfortune which was to pave the way for the entire match. A flurry of unorthodox play led to the second hole being halved in four over par, after which Dr. McLean settled down to administer some punishingly consistent golf. Dr. Paddle was let off the hook at the 5th, where Dr. MacLean unexpectedly 3-putted from inside a yard, but at the turn still found himself in the unenviable position of being four down.

A brillant two, by Dr. Paddle, at the short eleventh had the makings of a dramatic recovery, but Dr. MacLean, unshaken, continued with relentless pressure until his putt on the fourteenth green brought him victory by six and four, to become the Guy's Open Golf Champion of 1976.

Our congratulations to Dr. MacLean, and commiserations to a gallant loser, who we feel did well to reach the final at his first attempt.

WATER POLO

For the annual U.L.U. water polo knock-out competition we gathered together some of our past and very experienced players in the hope of a possible victory. But because of this, our handicap was accordingly reduced from five goals to one which made all the difference. The first match was played against King's and with their handicap lead of 1—5 we still had little trouble defeating them 11—6, even though at the start of the game several easy shots went wide as we settled into the game.

The defeat of King's brought us against London—our greatest challenge. With their handicap at 0, we had only a one-goal lead over them. The game was very exciting and close with all members of both teams working their hardest. Unfortunately the London team were better than us overall and beat us 3—5. The result was disappointing as we had felt we had a reasonable chance of winning with our four experienced players, but at least we had the consolation that the London went on to be defeated in the final by the Royal Free, who had a 14—0 handicap. The eventual score was 15—14.

Team: Roger Marwood, Roddy Jones, Mike McCartney, Steve Challacombe, Andy Smith, Michael Miller, John Taylor, Shunt Khan, John Beard, Carlos de Sousa, David Rickard.

In the U.H. Water Polo League the first team's successes continued for one more match when we beat Bart's 3—1. We then had a disastrous game against London when they turned out in full force. They were better than us in every respect—marking, getting unmarked, passing, shooting and co-ordinating the team. The final score was 0—15, a score to be forgotten! We were also defeated in the last match of the league when we played Mary's. This was a well matched game and although our marking, passing and team co-ordination were good, it was our finishing shot that let us down each time. It is encouraging though that the first match of the season was against Mary's when we lost 1—8, and the last was against Mary's when we only lost 0—1.

The second team has been more successful in their division. They have won every match so far and if they win their next and last match they will win their league. They have much to learn, though, especially in working as a team, and it was largely due to the efforts of Peter Robinson, who had more match experience, that we won.

1st team: M. H. Miller, J. Taylor, S. Khan, J. Beard, D. Rickard, C. de Sousa.

2nd team: P. Robinson, N. Masters, A. White, G. Wilcox, R. Horne, S. Harris.

HOSPITAL INFORMATION

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the resident post of SENIOR HOUSE OFFICER for six months commencing 1st February, 1977. The Unit, which is housed in the Maudsley Hospital, serves Guy's, Bethlem Royal Hospital and the Maudsley Hospital and King's College Hospital. This post fills the F.R.C.S. requirements for a specialist appointment, and is also suitable for neurological training. Application forms from Mr. L. H. W. Paine, House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London SE5 8AZ. Closing date 26th December, 1976.

CHANGES OF ADDRESS

Roger and Elizabeth (Bib) Parker, North Moreton House, North Moreton, Didcot, Oxfordshire. Tel. Didcot 813283.

PERSONAL

DENTAL ASSOCIATE required for Guy's man from end February. Part-time sessions by arrangement. Very modern family type practice, 30 minutes Waterloo. Telephone 01-398 4134.

BEXLEYHEATH—Dental Associate required in three-surgery practice, beginning January 1977. Present associate leaves full book of varied work. Telephone 01-303 4077 or 01-303 8815 evenings.

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees: October 1976

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J. N. A. Bloom
Charlotte P. Cavanagh
W. C. Crozier
Patricia H. Cunnington
G. Earnshaw
D. K. Evans
P. M. Fenton
D. R. Fine
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Diana H. Gross
R. W. Hannaford
A. R. B. Harris
Gillian M. Harrison
P. A. Hogbin
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Anthea B. Lehmann
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Claudia A. L. Roe
Mary J. Rona
Georgina H. M. Sharpe
Anne G. Thomas
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Stephanie A. Amiel
C. B. Archer
N. C. G. Bathurst
Lynn M. Bewsey
C. V. R. Blacker
D. L. Boone
Elizabeth O. Breese
J. E. Bridger
J. R. Britton
N. P. R. Brown
Karen A. Buckell
A. D. Bundock
S. S. Chan
K. A. Collett
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Elizabeth J. Dalgleish
C. M. C. P. De Sousa
D. E. Dickson
S. M. Downs
Elizabeth M. Dunbar
Helena M. Earl
J. Efthimiou
I. D. Entwisle
K. P. Evans
S. F. Evans
R. G. Evered
J. S. Fitzgerald Frazer
K. D. Foote
C. J. Forsyth
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Joanna Glover
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B. Mendes da Costa
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Miss Christine Steward—Highams Park Senior High.
Miss Sionagh Taylor—Tunbridge Wells Girls G.S.
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